FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L45453 (2)

1. Corporation Name

PHYSICIANS BARIATRIC CLINIC OF PALATKA, INC.

Principal Place of Business: 3229 HIGHWAY 17 N, GREEN COVE SPRINGS FL 32043, US

Mailing Address: 3229 HIGHWAY 17 N, GREEN COVE SPRINGS FL 32043, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1990

3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-2984346 — Applied For / Not Applicable

2. Principal Place of Business (21) Suite, Apt. # etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. # etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has an intangible tax obligation under Florida Statutes. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

SOILEAU JOHN W.
3229 HWY 17 NORTH
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 or 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	NO LONGER DIRECTOR — [X] Change ☐ Addition
NAME	SOILEAU, JOHN W	NAME	
STREET ADDRESS	6191 WEST SHORES ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE	S	TITLE	P, S, D — [X] Change ☐ Addition
NAME	SOILEAU, NINA	NAME	
STREET ADDRESS	6191 WEST SHORES ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	CITY-ST-ZIP	
TITLE		TITLE	VP — ☐ Change [X] Addition
NAME		NAME	JOE MANCHAC
STREET ADDRESS		STREET ADDRESS	6373 RIVER POINT DR.
CITY-ST-ZIP		CITY-ST-ZIP	GREENCOVE SPGS, FL 32043
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurate, true and complete, and that it does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nina Soileau — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

0009007 CP