

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008129

FILED
May 13, 2008
Secretary of State

Entity Name: MY LAP BAND SURGERY, INC.

Current Principal Place of Business:

145 CYPRESS POINT ROAD, UNIT 102
PALM COAST, FL 32164

New Principal Place of Business:

17 RAEMOOR DRIVE
PALM COAST, FL 32164

Current Mailing Address:

145 CYPRESS POINT ROAD, UNIT 102
PALM COAST, FL 32164

New Mailing Address:

17 RAEMOOR DRIVE
PALM COAST, FL 32164

FEI Number: 30-1042739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOZER, DARREN R
145 CYPRESS POINT ROAD, UNIT 102
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

MOZER, DARREN R
17 RAEMOOR DRIVE
PALM COAST, FL 32164 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORI MOZER

05/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOZER, DARREN R
Address: 145 CYPRESS POINT ROAD, UNIT 102
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: MOZER, LORI J
Address: 145 CYPRESS POINT ROAD, UNIT 102
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: SEDICH, SAMANTHA
Address: 145 CYPRESS POINT ROAD, UNIT 102
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOZER, DARREN R
Address: 17 RAEMOOR DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: MRS (X) Change () Addition
Name: MOZER, LORI J
Address: 17 RAEMOOR DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI MOZER

MRS.

05/13/2008

Electronic Signature of Signing Officer or Director

Date