2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N96000005542

Entity Name: FLORIDA SOCIETY OF BARIATRIC PHYSICIANS, INC.

Current Principal Place of Business:

205 S MACDILL AVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

205 S MACDILL AVE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3410300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
4427 HERSCHEL STREET
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SALVATI, LISA
Address: 1425 S HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: SLATTERY, JOSEPH W III,M.D
Address: 5200 BABCOCK STREET, NE, #106
City-St-Zip: PALM BAY, FL 32905

Title: DT ( ) Delete
Name: DUDNEY, WILLIAM C III,M.D
Address: 205 S MACDILL AVE
City-St-Zip: TAMPA, FL 33609

Title: M ( ) Delete
Name: NULAND, CHRISTOPHER L
Address: 4427 HERSCHOL ST
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM C DUDNEY MD DT 04/24/2007

Electronic Signature of Signing Officer or Director — Date