

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90747 033 ****61.25

DOCUMENT # N96000005542

1. Entity Name
FLORIDA SOCIETY OF BARIATRIC PHYSICIANS, INC.



Principal Place of Business
**1425 SOUTH HOWARD AVENUE
TAMPA FL 33606**

Mailing Address
**1425 SOUTH HOWARD AVENUE
TAMPA FL 33606**

2. Principal Place of Business
205 S. MACDILL AVE
Suite, Apt. #, etc.

3. Mailing Address
205 S. MACDILL AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3410300**

Applied For
Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SALVATI, LISA**
STREET ADDRESS **1425 S HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
NAME **SLATTERY, JOSEPH W III, M.D**
STREET ADDRESS **5200 BABCOCK STREET, NE, #106**
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **DT** ☐ Delete
NAME **DUDNEY, WILLIAM C III, M.D**
STREET ADDRESS **1425 SOUTH HOWARD AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **M** ☐ Delete
NAME **NULAND, CHRISTOPHER L**
STREET ADDRESS **4427 HERSCHEL ST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **205 S. MACDILL AVE.**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/30/03 813-258-3511

CR2E037 (10/02)