

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067116

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: FLORIDA CENTER FOR SURGICAL WEIGHT CONTROL, P.A.

## Current Principal Place of Business:

4900 W OAKLAND PARK BLVD  
SUITE 306  
LAUDERDALE LAKES, FL 33313

## New Principal Place of Business:

## Current Mailing Address:

4900 W OAKLAND PARK BLVD  
SUITE 306  
LAUDERDALE LAKES, FL 33313

## New Mailing Address:

FEI Number: 65-1131179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROSENTHAL, STUART S  
404 E ATLANTIC BLVD #101  
POMPANO BEACH, FL 33060 US

## Name and Address of New Registered Agent:

CARRASQUILLA, CARLOS MD  
4900 W. OAKLAND PARK BLVD  
3006  
LAUDERDALE LAKES, FL 33313 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: CARLOS CARRASQUILLA MD

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CARRASQUILLA, CARLOS  
Address: 4900 W OAKLAND PARK BLVD  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D ( ) Delete  
Name: ENGLISH, WAYNE  
Address: 4900 W OAKLAND PARK BLVD  
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: D (X) Delete  
Name: ESPISITO, PAUL  
Address: 4900 W OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33313

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: ESPOSITO, PAUL S  
Address: 4900 W OAKLAND PARK BLVD  
City-St-Zip: LAUDERDALE LAKES, FL 33313

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CARRASQUILLA MD

D

03/05/2007

Electronic Signature of Signing Officer or Director

Date