2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P01000067116

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:

7431 N. UNIVERSITY DRIVE
SUITE 211-A
TAMARAC, FL 33321

Current Mailing Address:

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

New Mailing Address:

C/O STUART ROSENTHAL, P.A.
404 EAST ATLANTIC BLVD, SUITE 101
POMPANO BEACH, FL 33060

FEI Number: 65-1131179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CARRASQUILLA, CARLOS MD
7431 N. UNIVERSITY DRIVE
SUITE 211-A
TAMARAC, FL 33321 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: 04/09/2008
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: ESPOSITO, PAUL S
Address: 4900 W OAKLAND PARK BLVD
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: CARRASQUILLA, CARLOS
Address: 7431 N. UNIVERSITY DRIVE, SUITE 211-A
City-St-Zip: TAMARAC, FL 33321

Title: DVP (X) Change ( ) Addition
Name: ESPOSITO, PAUL S
Address: 7431 N. UNIVERSITY DRIVE, SUITE 211-A
City-St-Zip: TAMARAC, FL 33321

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

SIGNATURE: CARLOS CARRASQUILLA P 04/09/2008
Electronic Signature of Signing Officer or Director — Date