

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000067116

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2600 N.E. 14TH STREET CAUSEWAY  
POMPAN0 BEACH, FL 33062

**New Principal Place of Business:**

201 NW 82ND AVENUE  
SUITE 405  
PLANTATION, FL 33324

**Current Mailing Address:**

C/O STUART S. ROSENTHAL, P.A.  
2600 N.E. 14TH STREET CAUSEWAY  
POMPAN0 BEACH, FL 33062

**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:**

CARRASQUILLA, CARLOS MD  
201 N.W. 82ND AVENUE  
SUITE 405  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

BAYRON, FERNANDO MD  
201 N.W. 82ND AVENUE  
SUITE 405  
PLANTATION, FL 33324 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: FERNANDO BAYRON, MD      04/17/2012  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: BAYRON, FERNANDO MD  
Address: 201 N.W. 82ND AVENUE, SUITE 405  
City-St-Zip: PLANTATION, FL 33324

Title: DPS  
Name: ESPOSITO, PAUL S MD  
Address: 201 N.W. 82ND AVENUE, SUITE 405  
City-St-Zip: PLANTATION, FL 33324

I hereby 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 all other like empowered.

SIGNATURE: FERNANDO BAYRON      PTD      04/17/2012  
Electronic Signature of Signing Officer or Director      Date