

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081989

Entity Name: PALM COAST BARIATRIC CENTER, P.A.

FILED  
Aug 30, 2005  
Secretary of State

## Current Principal Place of Business:

229 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

## Current Mailing Address:

229 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33444

## New Mailing Address:

FEI Number: 65-1137983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRY, MARK A ESQ  
50 SE 4TH AVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

BRESLAW, RALPH B  
229 GEORGE BUSH BLVD  
DELRAY BEACH, FL 33444 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: RALPH BRESLAW

08/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HYLAND, PAUL F M.D.  
Address: 229 GEORGE BUSH BLVD  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DVST ( ) Delete  
Name: BRESLAW, RALPH W M.D.  
Address: 229 GEORGE BUSH BLVD  
City-St-Zip: DELRAY BEACH, FL 33444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVST (X) Change ( ) Addition  
Name: BRESLAW, RALPH M.D.  
Address: 229 GEORGE BUSH BLVD  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RALPH BRESLAW

V

08/30/2005

Electronic Signature of Signing Officer or Director

Date