

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90959 003 ***150.00

DOCUMENT # P02000027590

1. Entity Name
FIRST OVERWEIGHT MEDICAL CENTER, INC.



Principal Place of Business
TURNBERRY PLAZA STE 801
2875 NE 191ST STREET
AVENTURA FL 33180

Mailing Address
TURNBERRY PLAZA STE 801
2875 NE 191ST STREET
AVENTURA FL 33180

2. Principal Place of Business
17050 North Bay Rd
Suite, Apt. #, etc.
501

3. Mailing Address
17050 North Bay Rd
Suite, Apt. #, etc.
501

City & State
SUNNY ILS Beach FL
Zip
33160
Country
USA

City & State
SUNNY ILS Beach FL
Zip
33160
Country
USA

4. FEI Number ☐ **Applied For**
☒ **Not Applicable**

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

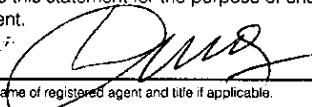
6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ
TURNBERRY PLAZA STE 801
2875 NE 191ST STREET
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name
HECTOR C. INGERFLOM
Street Address (P.O. Box Number is Not Acceptable)
17050 North Bay Rd #501
City
SUNNY ILS FL
Zip Code
33160

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)

2/27/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGERFLOM, HECTOR TURNBERRY PLAZA STE 801 2875 NE 191ST ST AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGERFLOM, JUDIT E TURNBERRY PLAZA STE 801 2875 NE 191ST ST AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17050 North Bay Rd #501 SUNNY ILS Beach FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17050 North Bay Rd #501 SUNNY ILS Beach FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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:  **HECTOR C. INGERFLOM** **2/27/03** **947-4805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)