FILED
Mar 29, 2004 8:00 am
Secretary of State

03-01-2004 90056 046 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007798

1. Entity Name
BARIATRIX, INC.

Principal Place of Business
~~5901 COLONIAL DR STE 303~~
MARGATGE, FL 33063

Mailing Address
~~5901 COLONIAL DR STE 303~~
MARGATGE, FL 33063

02042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2960 N. SR 7	2960 N. SR 7
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 102
City & State MARGATE	City & State MARGATE
Zip 33063 Country BROWARD	Zip 33063 Country BROWARD

4. FEI Number 59-3765613 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, JEFFREY L
~~54 NE 4TH AVE~~
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name JOSEPH PAPPALARDO
Street Address (P.O. Box Number is Not Acceptable) c/o J & G FINANCIAL SERVICES 2524 NORTH STATE RD 7
City MARGATE, FL 33063 FL Zip Code

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] 2/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT / NAME WIZMAN PAUL B. / STREET ADDRESS 5886 NW 48th LN / CITY-ST-ZIP COCONUT CREEK FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 2-24-04 954 969-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #