


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000051833 1. Entity Name FLORIDA OBESITY SURGICAL ASSOCIATES, P.A.	
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Principal Place of Business
37840 MEDICAL ARTS CT.
ZEPHYRHILLS, FL 33541-4325

Mailing Address
37840 MEDICAL ARTS CT.
ZEPHYRHILLS, FL 33541-4325



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1170679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ.
14217 THIRD ST.
DADE CITY, FL 33523

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. GROSSBARD, LEE J 37840 MEDICAL ARTS CT. ZEPHYRHILLS, FL 335414325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/28/06-80043-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee J Grossbard

3-15-2006 813-788-5569

Date

Daytime Phone #