

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90459 008 \*\*\*150.00

**DOCUMENT # P03000144816**

1. Entity Name  
BARIATRIC SURGERY OF VERO BEACH, P.A.



Principal Place of Business  
3755 7TH TERRACE SUITE 204  
VERO BEACH, FL 32960  
1000 36th STREET

Mailing Address  
3755 7TH TERRACE SUITE 204  
VERO BEACH, FL 32960

50015619



**DO NOT WRITE IN THIS SPACE**

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0456839

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, THEODORE G MD  
3755 7TH TERRACE SUITE 204  
VERO BEACH, FL 32960

**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: THEODORE G. PERRY 4-6-6  
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	DPST PERRY, THEODORE G DPST 3755 7TH TERRACE VERO BEACH, FL 32960
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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: THEODORE G. PERRY 4-6-6  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #