

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000051574

**FILED**  
**Nov 15, 2005**  
**Secretary of State**

**Entity Name:** PALM BEACH BARIATRICS, INC.

**Current Principal Place of Business:**

2051 45TH STREET  
SUITE 207  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

2051 45TH STREET  
SUITE 207  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 20-2300984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**New Principal Place of Business:**

4631 N CONGRESS AVENUE  
SUITE 102  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

4631 N CONGRESS AVENUE  
SUITE 102  
WEST PALM BEACH, FL 33407 US

**Name and Address of Current Registered Agent:**

RUB, MARTA  
698 N. ISLAND DRIVE  
GOLDEN BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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: RUB MARTA

\_\_\_\_\_  
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: D ( ) Delete  
Name: HAKKARAINEN, GLORIA  
Address: 5090 MISTY MORN ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D ( ) Delete  
Name: LEDERMAN, SAMUEL  
Address: 207 ALMERIA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SAMUEL LEDERMAN

DR

11/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date