

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051574

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PALM BEACH BARIATRICS, INC.

**Current Principal Place of Business:**

4631 N CONGRESS AVENUE  
SUITE 110  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

4631 N CONGRESS AVENUE  
SUITE 110  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 20-2300984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

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

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

Title: PRES (X) Change ( ) Addition  
Name: HAKKARAINEN, GLORIA MD  
Address: 5090 MISTY MORN ROAD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GLORIA HAKKARAINEN

PRES

04/29/2009

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

\_\_\_\_\_ Date