

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000138303

FILED
Sep 27, 2006
Secretary of State

Entity Name: INSTITUTE OF BARIATRIC MEDICINE 9-01, PA

Current Principal Place of Business:

2139 NE 2ND STREET
SUITE B-1
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2139 NE 2ND STREET
SUITE B-1
OCALA, FL 34470

New Mailing Address:

FEI Number: 20-1707074 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEWICKI, JERRY
807-B S.W. 3RD AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

SMITH, TINA M
1531 WEST PERU STREET
PRINCETON, IL, FL 61356 US

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: TINA M SMITH

09/27/2006

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: P () Delete
Name: HOLLOWAY, MICHAEL M M.D.
Address: 2139-B NE 2ND STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MICHAEL M HOLLOWAY, MD

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09/27/2006

Electronic Signature of Signing Officer or Director

Date