

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121727

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** THE OBESITY, DIABETES AND METABOLISM CENTER OF SOUTH FLORIDA, PA

**Current Principal Place of Business:**

6782 WEST SUNRISE BLVD  
PLANTATION, FL 33313

**New Principal Place of Business:**

2400 N UNIVERSITY DRIVE  
SUITE 215  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

PO BOX 292523  
DAVIE, FL 33329 US

**New Mailing Address:**

FEI Number: 20-5595934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SOLAGES, FLORENCE L  
3740 NW 91ST WAY  
COOPER CITY, FL 33024 US

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

SOLAGES, FLORENCE L  
2400 N UNIVERSITY DRIVE  
SUITE 215  
PEMBROKE PINES, FL 33024 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:

Electronic Signature of Registered Agent

04/14/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOLAGES, FLORENCE  
Address: PO BOX 292523  
City-St-Zip: DAVIE, FL 33329

I hereby 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 all other like empowered.

SIGNATURE: FLORENCE SOLAGES

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date