

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121727

FILED
Apr 15, 2012
Secretary of State

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

Current Principal Place of Business:

2400 N UNIVERSITY DRIVE
SUITE 215
PEMBROKE PINES, FL 33024

New Principal Place of Business:

4745 SW 148TH AVE
SUITE 301
DAVIE, FL 33330

Current Mailing Address:

PO BOX 292523
DAVIE, FL 33329 US

New Mailing Address:

PO BOX 291570
DAVIE, FL 33329 US

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
2400 N UNIVERSITY DRIVE
SUITE 215
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SOLAGES, FLORENCE L
4745 SW 148TH AVE
SUITE 301
DAVIE, FL 33330 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

04/15/2012

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SOLAGES, FLORENCE
Address: PO BOX 291570
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

MGR

04/15/2012

Electronic Signature of Signing Officer or Director

Date