

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McPhail
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000079961 (6)**

1. Corporation Name

BARIATRIC ASSOCIATES, INC.



Principal Place of Business

**601 S. SEMORAN BLVD.
ORLANDO FL 32807**

Mailing Address

**601 S. SEMORAN BLVD.
ORLANDO FL 32807**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M
430 N. MILLS AVE.
ORLANDO FL 32803**

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

04/19/1995

4. FEIN Number

59-3277796

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Randall B Greene
82 Street Address (P.O. Box Number is Not Acceptable)
601 S Semoran Blvd
83
Orlando
84 City

FL 85 Zip Code
32807

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby appointing me as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Randall B Greene *Randall B Greene* *3/16/96*

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	2. 1. TITLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY, ST, ZIP
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	3. 1. TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY, ST, ZIP
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	4. 1. TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY, ST, ZIP
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5. 1. TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY, ST, ZIP
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6. 1. TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY, ST, ZIP

PD
GREENE, RANDALL B
601 SEMORAN BLVD
ORLANDO FL

00000174138
09/22/96 01020
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall B Greene
Randall B Greene

Date

Date of Filing

2/26/96 *407-330*
1951

CR2E034 (12/95)