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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90065 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046968

1. Corporation Name

CENTER FOR SEVERE OBESITY, INC.

Principal Place of Business

~~% KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.~~
~~4000 HOLLYWOOD BLVD. SUITE 485 SOUTH~~
~~HOLLYWOOD FL 33021~~

Mailing Address

~~% KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.~~
~~4000 HOLLYWOOD BLVD. SUITE 485 SOUTH~~
~~HOLLYWOOD FL 33021~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

2. Principal Place of Business

21 1699 E. Oakland Pk Blvd.

Suite, Apt. #, etc.

22
City & State

23 Ft. Lauderdale, FL 33334

Zip

Country

24

25

2a. Mailing Address

26 1699 E. Oakland Pk. Blvd.

Suite, Apt. #, etc.

27
City & State

28 Ft. Lauderdale, FL 33334

Zip

Country

29

30

4. FEI Number

65-0676884

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAMUELS, NORMAN
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE NORMAN SAMUELS

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

4/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SAMUELS, NORMAN**
CITY-STATE-ZIP **4000 HOLLYWOOD BLVD. SUITE 485 SOUTH**
HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 trustee 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 appointment with an address, with all other like empowered.

SIGNATURE: NORMAN SAMUELS **NORMAN SAMUELS (Pres)** 4/22/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954/564-9339
Daytime Phone #

CR2E034 (11/98)