

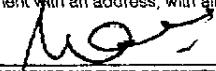


**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000046968</b>						<b>Secretary of State</b>	
1. Entity Name <b>CENTER FOR SEVERE OBESITY, INC.</b>							
Principal Place of Business <b>1699. OAKLAND PK. BLVD. FORT LAUDERDALE, FL 33334</b>		Mailing Address <b>1699. OAKLAND PK. BLVD. 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH FORT LAUDERDALE, FL 33334</b>				 <b>01102006 Chg-P CR2E034 (11/05)</b>	
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0676884</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>SAMUELS, NORMAN 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMUELS, NORMAN			NAME			
STREET ADDRESS	4000 HOLLYWOOD BLVD. SUITE 485 SOUTH			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021			CITY-ST-ZIP	11/00000481084 04/11/06 80018-011 150.00		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <b>NORMAN SAMUELS</b>				3/20/06 954566 9339			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			