

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90167 018 ***150.00

0368352 AV

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1. Entity Name
CENTER FOR SEVERE OBESITY, INC.



Principal Place of Business
**1699. OAKLAND PK. BLVD.
FORT LAUDERDALE FL 33334**

Mailing Address
**1699. OAKLAND PK. BLVD.
4000 HOLLYWOOD BLVD. SUITE 485 SOUTH
FORT LAUDERDALE FL 33334**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0676884**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	<input type="checkbox"/> Delete			
	SAMUELS, NORMAN	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
	4000 HOLLYWOOD BLVD. SUITE 485 SOUTH				
	HOLLYWOOD FL 33021				
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

12. 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 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: SIGNATURE REQUIRED *Norman Samuels* 4/16/03 (954) 566-9339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)