

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90035 044 \*\*\*150.00

**DOCUMENT # P99000060645**

**1. Entity Name**  
**BARIATRIC SURGERY CENTERS OF AMERICA, INC.**

**Principal Place of Business**

**6405 N. FEDERAL HWY.**  
**401**  
**FORT LAUDERDALE FL 33308**

**Mailing Address**

**6405 N. FEDERAL HWY.**  
**401**  
**FORT LAUDERDALE FL 33308**

**2. Principal Place of Business**

**4800 NE 20th Terrace**

**3. Mailing Address**

**4800 NE 20th Terrace**

**Suite, Apt. #, etc.**

**303**

**Suite, Apt. #, etc.**

**303**

**City & State**

**Ft. Lauderdale, FL**

**City & State**

**Ft. Lauderdale FL**

DO NOT WRITE IN THIS SPACE

**Zip**

**33308**

**Country**

**Broward**

**Zip**

**33308**

**Country**

**Broward**

**4. FEI Number**

**65-0931738**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAREMA, ROBERT T M.D.**

**6505 N.E. 22ND AVE.**

**FORT LAUDERDALE FL 33308**

**7. Name and Address of New Registered Agent**

**Name**

**Marema, Robert T, M.D.**

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

**4800 NE 20th Terrace**

**Suite #303**

**City**

**Ft. Lauderdale**

**FL**

**Zip Code**

**33308**

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **DR** ☐ Delete  
**NAME** **MAREMA, ROBERT T M.D.**  
**STREET ADDRESS** **6505 N.E. 22ND AVE.**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33308**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)