

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000108669

1. Entity Name  
BARIATRIC CARE CENTERS OF FLORIDA, INC.



Principal Place of Business  
135 SOUTH PROSPECT  
YPSILANTI, MI 48198

Mailing Address  
135 SOUTH PROSPECT  
YPSILANTI, MI 48198

FILED  
05 FEB 23 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
58-2543837

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME PITTMAN, RANDALL L  
STREET ADDRESS 135 SOUTH PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

TITLE D  
NAME LENZ, LAURENCE H JR.  
STREET ADDRESS 135 SOUTH PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

TITLE D  
NAME DYKSTERHOUSE, TREVOR J  
STREET ADDRESS 135 SOUTH PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

TITLE D  
NAME BROWN, ROBERT A  
STREET ADDRESS 135 SOUTH PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

TITLE O  
NAME PITTMAN, RANDALL L.  
STREET ADDRESS 135 S. PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

TITLE O  
NAME DYKSTERHOUSE, TREVOR J  
STREET ADDRESS 135 S. PROSPECT  
CITY-ST-ZIP YPSILANTI, MI 48198

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03/22/05--01078--004 \*\*500.00

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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: Trevor J Dyksterhouse  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05  
Date

Daytime Phone #