

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90009 006 ***150.00

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
City & State		City & State		02022006 Chg-P CR2E034 (11/05)	
4. FEI Number 58-2543837				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D PITTMAN, RANDALL L 135 SOUTH PROSPECT YPSILANTI, MI 48198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lenz, Laurence H., Jr. 135 S. Prospect Ypsilanti, MI 48198	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENZ, LAURENCE H JR. 135 SOUTH PROSPECT YPSILANTI, MI 48198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Masters, Janet 135 S. Prospect Ypsilanti, MI 48198	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKSTERHOUSE, TREVOR J 135 SOUTH PROSPECT YPSILANTI, MI 48198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ledesma, Elihu J. 135 S. Prospect Ypsilanti, MI 48198	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT A 135 SOUTH PROSPECT YPSILANTI, MI 48198	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PITTMAN, RANDALL L 135 S. PROSPECT YPSILANTI, MI 48198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O DYKSTERHOUSE, TREVOR J 135 S. PROSPECT YPSILANTI, MI 48198	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Trevor J. Dyksterhouse</u> <u>TREVOR J. DYKSTERHOUSE</u> <u>2/14/06</u> <u>(734) 547-1157</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

40034221

March 15, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: *Bariatric Care Centers of Florida, Inc.*

ID: P99000108669

Dear Madam or Sir:

Enclosed please find the 2006 For Profit Corporation Annual Report and check 23329 in the amount of \$150.00. Please let me know if any further information is required. Thank you for your attention to this matter.

Regards,

Amy Mohr
Legal Assistant
(734) 547-1157
AMohr@foresthealth.com

Encl