

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108669

FILED
Apr 04, 2007
Secretary of State

Entity Name: BARIATRIC CARE CENTERS OF FLORIDA, INC.

Current Principal Place of Business:

135 SOUTH PROSPECT
YPSILANTI, MI 48198

New Principal Place of Business:

Current Mailing Address:

135 SOUTH PROSPECT
YPSILANTI, MI 48198

New Mailing Address:

FEI Number: 58-2543837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1203 GOVERNORS SQUARE BLVD.
SUITE 101
TALLAHASSEE, FL 32301 US

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:

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PITTMAN, RANDALL L
Address: 135 SOUTH PROSPECT
City-St-Zip: YPSILANTI, MI 48198

Title: D () Delete
Name: LENZ, LAURENCE H JR.
Address: 135 SOUTH PROSPECT
City-St-Zip: YPSILANTI, MI 48198

Title: D () Delete
Name: DYKSTERHOUSE, TREVOR J
Address: 135 SOUTH PROSPECT
City-St-Zip: YPSILANTI, MI 48198

Title: V () Delete
Name: LENZ, LAURENCE H JR
Address: 135 SOUTH PROSPECT
City-St-Zip: YPSILANTI, MI 48198

Title: O () Delete
Name: PITTMAN, RANDALL L
Address: 135 S. PROSPECT
City-St-Zip: YPSILANTI, MI 48198 US

Title: O () Delete
Name: DYKSTERHOUSE, TREVOR J
Address: 135 S. PROSPECT
City-St-Zip: YPSILANTI, MI 48198 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENCE H. LENZ, JR.

V

04/04/2007

Electronic Signature of Signing Officer or Director

Date