## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000014149

Entity Name: FLORIDA OBESITY SOCIETY INC.

**Current Principal Place of Business:** 

1601-1 N MAIN ST #3159 JACKSONVILLE. FL 32206

**Current Mailing Address:** 

1601-1 N MAIN ST #3159 JACKSONVILLE. FL 32206 US

FEI Number: 93-4701656 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC 3440 W HOLLYWOOD BLVD. SUITE 415 HOLLYWOOD, FL 33021 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:

Electronic Signature of Registered Agent

Date

FILED Jun 08, 2024

**Secretary of State** 

4279592816CC

Officer/Director Detail:

Title DIR Title DIR

Name MCCONNELL, JEREMY Name RAMA, PAMELA R

Address 1601-1 N MAIN ST #3159 Address 1601-1 N MAIN ST #3159

City-State-Zip: JACKSONVILLE FL 32206 City-State-Zip: JACKSONVILLE FL 32206

Title P Title TRE

NameFERREIRA, LISA MNameGUZMAN, MACKLINAddress1601-1 N MAIN ST #3159Address1601-1 N MAIN ST #3159City-State-Zip:JACKSONVILLE FL 32206City-State-Zip:JACKSONVILLE FL 32206

Title SEC Title DIR

NameGUZMAN, MACKLINNameGONZALVO, JOHN PAddress1601-1 N MAIN ST #3159Address1601-1 N MAIN ST #3159City-State-Zip:JACKSONVILLE FL 32206City-State-Zip:JACKSONVILLE FL 32206

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA MARIE FERREIRA

**PRESIDENT** 

06/08/2024