

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000064882

**Entity Name:** BARIATRIC & METABOLIC INSTITUTE INC.

**Current Principal Place of Business:**

432 N. PINE MEADOWS DR.  
DEBARY, FL 32713

**Current Mailing Address:**

432 N. PINE MEADOWS DR.  
DEBARY, FL 32713

**FEI Number:** 37-1697763

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUFFMAN, KEVIN  
432 N. PINE MEADOWS DR.  
DEBARY, FL 32713 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

**Officer/Director Detail :**

Title SECRETARY  
Name HUFFMAN, KEVIN  
Address 44 W. HIGHBANK RD.  
City-State-Zip: DEBARY FL 32713

Title VP  
Name HUFFMAN, HEIDI  
Address 44100 MIDDLE RIDGE RD.  
City-State-Zip: LORAIN OH 44053

Title PRESIDENT/OWNER  
Name HUFFMAN, KEVIN  
Address 432 N. PINE MEADOWS DR.  
City-State-Zip: DEBARY FL 32713

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

**SIGNATURE:** KEVIN HUFFMAN D.O.

**PRESIDENT**

**03/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date