

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016114

FILED  
Jul 18, 2004  
Secretary of State

**Entity Name:** LAPAROSCOPIC WEIGHT LOSS SURGERY CENTERS, LLC

**Current Principal Place of Business:**

20064 GULF BLVD. #2  
INDIAN SHORES, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

20064 GULF BLVD. #2  
INDIAN SHORES, FL 33785

**New Mailing Address:**

FEI Number: 41-2059043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

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

ELLIOTT, BUCHMAN  
20064 GULF BLVD.  
#2  
INDIAN SHORES, FL 33785 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: ELLIOTT BUCHMAN

07/18/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: BUCHMAN, ELLIOTT  
Address: 20064 GULF BLVD. #2  
City-St-Zip: INDIAN SHORES, FL 33785

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELLIOTT BUCHMAN

MGR

07/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date