

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 24, 2005
Secretary of State**

DOCUMENT# L02000016114

Entity Name: LAPAROSCOPIC WEIGHT LOSS SURGERY CENTERS, LLC

Current Principal Place of Business:

New Principal Place of Business:

20064 GULF BLVD. #2
INDIAN SHORES, FL 33785

Current Mailing Address:

New Mailing Address:

20064 GULF BLVD. #2
INDIAN SHORES, FL 33785

FEI Number: 41-2059043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

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

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

10/24/2005

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