

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 14, 2008  
Secretary of State**

DOCUMENT# L02000016114

**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:**

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

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

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

**MANAGING MEMBERS/MANAGERS:**

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 exemption stated in Chapter 119, 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

MR.

05/14/2008

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