## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000016114

1. Entity Name

LAPAROSCOPIC WEIGHT LOSS SURGERY CENTERS, LLC



**FILED** Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90010 042 \*\*\*\*50.00

Principal Place of Business 20064 GULF BLVD. #2 INDIAN SHORES FL 33785				Mailing Address 20064 GULF BLVD. #2 INDIAN SHORES FL 33785				<b>  []</b>						
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 41-2059043 Applied For Not Applicable						
Zip Country			Zip	Zip Country				5. Certificate of Status Desired						ditional
6. Name and Address of Current F							7. Name and Address of New Registered Agent							
BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139				ing and the second		Name Street Address (P.O. Box Number is Not Acceptable)								
						City						FL	Zip Cod	le
8. 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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE .	Signature, typed	or printed name of registered agent a	d Agent signatu	ıre required v	when reinstating)			1	DATE		·			
		١	50.00							}				
			orida Dep ıy 1, 2003		t of State									
9. MANAGING MEMBERS/MANAGERS 1										ADDITION	S/CHAI	NGES	<u> </u>	
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NAME		N, ELLIOTT			NAME								•	'
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CITY-ST-ZIP						ST-ZIP								
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-11-03

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