

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022915

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST SURGICAL WEIGHT LOSS CENTER, LLC

**Current Principal Place of Business:**

200 3RD STREET WEST  
SUITE 110  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

200 3RD STREET WEST  
SUITE 110  
BRADENTON, FL 34205

**New Mailing Address:**

**FEI Number:** 20-4507764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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  
**Name:** BUNCH, GARY M M.D.  
**Address:** 200 3RD STREET WEST, SUITE 110  
**City-St-Zip:** BRADENTON, FL 34205 US

I hereby 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: GARY M. BUNCH M.D.

P

04/19/2011

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