

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097103

FILED
Jan 05, 2008
Secretary of State

Entity Name: MEDI WEIGHT LOSS CLINICS FT MYERS I LLC

Current Principal Place of Business:

6150 DIAMOND CENTER COURT
#400
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTER COURT
#400
FT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-5653303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDI WEIGHT LOSS CLINICS
777 S. HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602 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: MGRM () Delete
Name: BLOY, RICHARD L MD
Address: 6150 DIAMOND CENTER COURT
City-St-Zip: FT MYERS, FL 33912

Title: MGRM () Delete
Name: EDLUND, JAMES
Address: 777 S. HARBOUR ISLAND BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLOY, RICHARD L MD
Address: 6150 DIAMOND CENTER COURT, BLDG#400
City-St-Zip: FT MYERS, FL 33912

Title: MGR (X) Change () Addition
Name: WOODARD, JOHN A
Address: 6150 DIAMOND CENTER COURT, BLDG # 400
City-St-Zip: TAMPAFORT MYERS, FL 33912

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: JOHN WOODARD

MGR

01/05/2008

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