

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097103

FILED
Jan 18, 2009
Secretary of State

Entity Name: NMS WEIGHTLOSS CLINIC 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:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTER COURT
BLDG # 400
FORT MYERS, FL 33912 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: RICHARD L. BLOY, MD 01/18/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NETWORK MANAGEMENT S, ERVICES, LLC
Address: 6150 DIAMOND CENTER COURT, BLDG#400
City-St-Zip: FT MYERS, FL 33912

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

Title: MGR () Change (X) Addition
Name: WOODARD, JOHN A
Address: 6150 DIAMOND CENTER COURT, BLDG. # 400
City-St-Zip: FORT 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 VP 01/18/2009

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