

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003208

FILED
Mar 05, 2008
Secretary of State

Entity Name: MD WEIGHT LOSS SOLUTIONS, L.L.C.

Current Principal Place of Business:

315 WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

315 WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-8198491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMELIN, GEORGE
45 MCLEOD STREET
MERRITT ISLAND, FL 32953 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: KINSELLA, ANTHONY
Address: 400 N. CARPENTER
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM () Delete
Name: FREEMAN, HANNAH
Address: P.O. BOX 1122
City-St-Zip: CULLMAN, AL 35056

Title: MGRM () Delete
Name: O'ROURKE, FAYE
Address: 1645 RICHARDSON DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FAYE O'ROURKE

MGR

03/05/2008

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