

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003208

**FILED**  
**Apr 30, 2011**  
**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:**

DRYDEN, DIANA C  
755 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952 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  
Name: KINSELLA, ANTHONY  
Address: 400 N. CARPENTER  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGRM  
Name: ERICKSON, HANNAH  
Address: P.O. BOX 1122  
City-St-Zip: CULLMAN, AL 35056

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

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: FAYE O'ROURKE

MS.

04/30/2011

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