

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118099

Entity Name: M.D. WEIGHT LOSS, LLC

FILED
Apr 19, 2011
Secretary of State

Current Principal Place of Business:

12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O JOHN M. WICKER, CASTELLO, ROYSTON & WI
P.O. DRAWER 60205
FORT MYERS, FL 33906

New Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906

FEI Number: 27-3985394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 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: MITCHELL, B
Address: 12670 NEW BRITTANY BLVD., SUITE 101
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM
Name: DAVIS, D
Address: 12670 NEW BRITTANY BLVD., SUITE 101
City-St-Zip: FORT MYERS, FL 33907

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: B. MITCHELL

MGRM

04/19/2011

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