

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097103

Entity Name: NMS WEIGHTLOSS CLINIC I, LLC

Current Principal Place of Business:

6150 DIAMOND CENTRE COURT
#400
FT MYERS, FL 33912

Current Mailing Address:

6150 DIAMOND CENTRE COURT
#400
FT MYERS, FL 33912

FEI Number: 20-5653303

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTRE 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name NETWORK MANAGEMENT SERVICES, LLC
Address 6150 DIAMOND CENTRE COURT, BLDG#400
City-State-Zip: FT MYERS FL 33912

Title MGRM
Name BLOY, RICHARD L
Address 6150 DIAMOND CENTRE COURT, BLDG # 400
City-State-Zip: TAMPAFORT MYERS FL 33912

Title COO
Name BLOY, PETER
Address 6150 DIAMOND CENTRE COURT BLDG 400
City-State-Zip: FT MYERS FL 33912

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER BLOY

COO

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date