

**2014 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

01/15/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date