

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118099

**Entity Name:** M.D. WEIGHT LOSS, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-3985394

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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	Title	MGRM
Name	MITCHELL, B	Name	DAVIS, D
Address	12670 NEW BRITTANY BLVD., SUITE 101	Address	12670 NEW BRITTANY BLVD., SUITE 101
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907

*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:** DAVIS D

**MANAGER**

**03/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date