

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000014202

**Entity Name:** MEDICAL WEIGHT LOSS CONSULTANTS LLC

**Current Principal Place of Business:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314

**Current Mailing Address:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314 US

**FEI Number:** 81-4296519

**Certificate of Status Desired:** No

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

ZARCO EINHORN SALKOWSKI & BRITO PA  
100 S.E. 2ND STREET  
SUITE 2700  
MIAMI, FL 33131 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 MGR  
Name GOLDSMITH, JASON  
Address 4380 OAKES ROAD  
SUITE 807  
City-State-Zip: DAVIE FL 33314

*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:** JASON GOLDSMITH

**MANAGER**

**04/16/2020**

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

\_\_\_\_\_  
Date