2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2017
Secretary of State
CC0037584637

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Entity Name: OPTIONS MEDICAL WEIGHT LOSS, LLC

Current Principal Place of Business:

15427 PLANTATION OAKS DR #1
TAMPA, FL 33647

Current Mailing Address:

PO BOX 18203
TAMPA, FL 33679

FEI Number: 81-0304064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANITA'S ACCOUNTING SOLUTIONS, PLLC
3113 S DALE MABRY HWY SUITE A
TAMPA, FL 33629 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	Title	MGR
Name	BARTON, WILLIAM	Name	WALKER, MATTHEW
Address	PO BOX 18203	Address	PO BOX 18203
City-State-Zip:	TAMPA FL 33679	City-State-Zip:	TAMPA FL 33679

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: WILLIAM BARTON MGR 04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date