

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044859

FILED
Apr 24, 2005
Secretary of State

Entity Name: SURGICAL WEIGHT LOSS CENTERS OF FLORIDA, LLC

Current Principal Place of Business:

1757 U.S. HIGHWAY 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1339
OKEECHOBEE, FL 349731339

New Mailing Address:

FEI Number: 20-0446919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING, SUITE 102
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SITARAMAKRISHNA, KOTHALONKA
Address: 1757 US HWY 27 SOUTH
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SITARAMAKRISHNA KOTHALOKA

MGR

04/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date