2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L03000044859

Entity Name: SURGICAL WEIGHT LOSS CENTERS OF FLORIDA, LLC

Current Principal Place of Business:

107 NE 19TH DRIVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2830
TUBA CITY, AZ 86045 US

New Mailing Address:

P.O. BOX 603
CLAYTON, NM 88415 US

FEI Number: 20-0446919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

Title: MGR ( ) Delete
Name: KOTHALANKA, SITARAMAKRISHN
Address: 107 NE 19TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34974 US

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 exemption stated in Chapter 119, 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: KOTHALANKA SITARAMAKRISHNA MGR 05/01/2007

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