2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043093

Entity Name: DOCTORS WEIGHT LOSS SOLUTION, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3351 SOUTH PALM AIRE DRIVE 407

POMPANO BEACH, FL 33069

New Mailing Address: Current Mailing Address:

3351 SOUTH PALM AIRE DRIVE POMPANO BEACH, FL 33069

FEI Number: 20-1853081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ECKER, LAURENCE ECKER, LARRY J

3351 SOUTH PALM AIRE DRIVE 3351 SOUTH PALM AIRE DRIVE 407 407 POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33069 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: LARRY J ECKER 03/20/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition ECKER, LAURENCE ECKER, LARRY J Name: Name:

3351 SOUTH PALM AIRE DRIVE #407 Address: 3351 SOUTH PALM AIRE DRIVE #407 Address:

City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM Title: MGRM (X) Change () Addition () Delete

Name: ECKER, LEE Name: ECKER, LEE A Address: 10 EDINBURGH DR Address: 10 EDINBURGH DR City-St-Zip: RANDOLPH, NJ 07869 City-St-Zip: RANDOLPH, NJ 07869

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: LARRY J ECKER 03/20/2009