2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L05000107478

Entity Name: MEDI-WEIGHTLOSS CLINICS, LLC

Current Principal Place of Business:

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 940
TAMPA, FL 33602

New Principal Place of Business:

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602

Current Mailing Address:

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 940
TAMPA, FL 33602

New Mailing Address:

777 SOUTH HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602

FEI Number: 20-3753744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALOUST, ED
777 SOUTH HARBOUR ISLAND BLVD.
SUITE 940
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

KALOUST, EDWARD
777 SOUTH HARBOUR ISLAND BLVD.
SUITE 130
TAMPA, FL 33602 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: EDWARD KALOUST 01/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: KALOUST, EDWARD
Address: 921 SEADON COVE
City-St-Zip: TAMPA, FL 33602

Title: P ( ) Delete
Name: EDLAND, JAMES
Address: 700 SOUTH HARBOUR ISLAND CONDO #125
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

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

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 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: EDWARD KALOUST CEO 01/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date