

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000107478

**FILED**  
**Dec 22, 2011**  
**Secretary of State**

**Entity Name:** MEDI-WEIGHTLOSS CLINICS, LLC

**Current Principal Place of Business:**

509 S HYDE PARK AVE.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

509 S HYDE PARK AVE.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 20-3753744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALOUST, DEREK  
509 S HYDE PARK AVE.  
TAMPA, FL 33606 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: MGRM  
Name: KALOUST, EDWARD  
Address: 509 S. HYDE PARK AVENUE  
City-St-Zip: TAMPA, FL 33602

Title: MGRM  
Name: EDLUND, JAMES  
Address: 509 S. HYDE PARK AVENUE  
City-St-Zip: TAMPA, FL 33606

I hereby 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

MGRM

12/22/2011

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