


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 029 ****55.00

DOCUMENT # L06000011430	
1. Entity Name MEDI WEIGHT LOSS CLINICS KENNEDY, LLC	

Principal Place of Business 4039 W. KENNEDY BLVD. TAMPA, FL 33609	Mailing Address 4039 W. KENNEDY BLVD. TAMPA, FL 33609
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60034096



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCLOSKEY, RUDEN 401 E JACKSON ST 2700 TAMPA, FL 33602		Name Edward Kaloust	
		Street Address (P.O. Box Number is Not Acceptable) 777 S. Harbour Island Blvd.	
		Suite 130	
		City Tampa	FL

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward Kaloust*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALoust, EDWARD 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDLUND, JAMES 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLETT, THOMAS 4039 W. KENNEDY BLVD. TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, ROLONDO M.D. 4039 W. KENNEDY BLVD. TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *James A Edlund* *James A Edlund* *Thomas K. Willett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/07

Date

228-6334
813-281-0500

Daytime Phone #