

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4294695	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KALOUST, EDWARD
777 SOUTH HARBOUR ISLAND BLVD
SUITE 130
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALOUST, EDWARD 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDLUND, JAMES 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLETT, THOMAS 4039 W. KENNEDY BLVD. TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, ROLONDO M.D. 4039 W. KENNEDY BLVD. TAMPA, FL 33609
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/31/08-80026-020 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

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

1/23/08

Date

813 285-1057

Daytime Phone #