

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016752

FILED  
Jan 14, 2007  
Secretary of State

**Entity Name:** MEDI WEIGHTLOSS CLINIC OF CLEARWATER ZBELLA MD LLC

**Current Principal Place of Business:**

2454 MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

2454 MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33759

**New Mailing Address:**

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

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

MCCLOSKEY, RUDEN  
401 E. JACKSON STREET  
SUITE 2700  
TAMPA, FL 33602 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: MGR ( ) Delete  
Name: KALOUST, EDWARD  
Address: 777 S. HARBOUR ISLAND BLVD.  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: EDLUND, JAMES  
Address: 777 S. HARBOUR ISLAND BLVD.  
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: JAMES EDLUND                      MGR                      01/14/2007

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