

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90121 021 ***138.75

DOCUMENT # L06000016752 1. Entity Name MEDI WEIGHTLOSS CLINIC OF CLEARWATER ZBELLA MD P.L.																													
Principal Place of Business 2454 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			Mailing Address 2454 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country																											
4. FEI Number APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent ZBELLA, EDWARD A M.D. 2454 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZBELLA, EDWARD A M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2454 MCMULLEN BOOTH ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLEARWATER, FL 33759</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	ZBELLA, EDWARD A M.D.		STREET ADDRESS	2454 MCMULLEN BOOTH ROAD		CITY-ST-ZIP	CLEARWATER, FL 33759		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													
<div style="display: flex; justify-content: space-between;"> <div> 11/7/08 <small>Date</small> </div> <div> 727 796 7705 <small>Daytime Phone</small> </div> </div>																													

30001087



01072008 Chg-LLC CR2E083 (12/06)

ATTACHMENT

30001087



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

#L0600016752

Date of this notice: 03-08-2004

Employer Identification Number:
20-4407708

Form: SS-4

Number of this notice: CP 575 C

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

MEDI WEIGHTLOSS CLINIC OF
JAMES EDLUND MBR
2454 N MCMULLEN BOOTH ROAD 601
CLEARWATER FL 33759

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-4407708. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2006
Form 1065	04/15/2007
Form 940	01/31/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

If you believe your yearly employment taxes will be \$1,000 or less for the tax year (average annual wages of \$4,000 or less), please contact us on 1-800-829-0115. You will be required to file Form 944, Employer's Annual Federal Tax Return, rather than Form 941, Employer's Quarterly Federal Tax Return. This return will be due annually, on January 31, following the end of the tax year. You can pay your tax liability annually when you file your return, or you may choose to make more frequent deposits to reduce the balance due with your annual return. If you use a Reporting Agent or Tax Practitioner, inform him or her of your Form 944 filing requirement. If your annual liability rises to \$2,500 or more, you will be required to make deposits. If you do not make the required deposits, you may be subject to penalties and/or interest. Please refer to Publication 15 (Circular E), Employer's Tax Guide, for deposit requirements and for more details on the Form 944 annual filing program.