

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022915

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST SURGICAL WEIGHT LOSS CENTER, LLC

**Current Principal Place of Business:**

200 3RD STREET WEST  
SUITE 110  
BRADENTON, FL 34205

**New Principal Place of Business:**

200 3RD AVENUE WEST  
SUITE 120  
BRADENTON, FL 34205 US

**Current Mailing Address:**

200 3RD STREET WEST  
SUITE 110  
BRADENTON, FL 34205

**New Mailing Address:**

200 3RD AVENUE WEST  
SUITE 120  
BRADENTON, FL 34205 US

**FEI Number:** 20-4507764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 US

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

GARDNER, MERRITT A  
5415 MARINER STREET  
SUITE 200  
TAMPA, FL 33609 US

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: MERRITT A. GARDNER

03/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ERBELLA, JOSE M.D.  
Address: 200 3RD AVENUE WEST, SUITE 120  
City-St-Zip: BRADENTON, FL 34205 US

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: JOSE ERBELLA, M.D.

MGR

03/07/2012

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