


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-09-2007 90345 001 ****55.00

| | | | | | |
|--|--|---------------------|--|--|---|
| DOCUMENT # L06000041027 1. Entity Name MEDI-WEIGHT LOSS CLINIC LUTZ 1 LLC | | | |  | |
| Principal Place of Business 24420 STATE ROAD 54 LUTZ, FL 33559 | | | Mailing Address 24420 STATE ROAD 54 LUTZ, FL 33559 | | |
| 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 | 4. FEI Number 20-4685075 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MEDI-WEIGHTLOSS CLINICS, LLC 777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA, FL 33602 | | | | 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 _____ (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 | MGR <input type="checkbox"/> Delete KALOUST, EDWARD 777 S. HARBOUR ISLAND BLVD. #130 TAMPA, FL 33602 | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR <input type="checkbox"/> Delete EDLUND, JAMES 777 S. HARBOUR ISLAND BLVD. #130 TAMPA, FL 33602 | | | 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 |
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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: <u>James A Edlund</u> James A Edlund | | | | 4/13/07 813-228-6334 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date Daytime Phone # | |