

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041027

FILED
Jan 21, 2008
Secretary of State

Entity Name: MEDI-WEIGHT LOSS CLINIC LUTZ 1 LLC

Current Principal Place of Business:

24420 STATE ROAD 54
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

24420 STATE ROAD 54
LUTZ, FL 33559

New Mailing Address:

FEI Number: 20-4685075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDI-WEIGHTLOSS CLINICS, LLC
777 S. HARBOUR ISLAND BLVD.
SUITE 130
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. #130
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: EDLUND, JAMES
Address: 777 S. HARBOUR ISLAND BLVD. #130
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 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: GERRI WILLET

MGR

01/21/2008

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