

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041027

FILED
Mar 20, 2009
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 ()

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:

MEDI-WEIGHTLOSS CLINICS, LLC
412 E. MADISON STREET
SUITE 1100
TAMPA, FL 33602 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:

03/20/2009

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: MGR (X) Change () Addition
Name: KALOUST, EDWARD
Address: 412 E. MADISON STREET, SUITE 1100
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: EDLUND, JAMES
Address: 412 E. MADISON STREET, SUITE 1100
City-St-Zip: TAMPA, FL 33602

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

03/20/2009

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