


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000069842</b> 1. Entity Name <b>MEDI-WEIGHT LOSS CLINICS MACDILL, LLC</b>	
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Principal Place of Business <b>507 S. MACDILL AVE. TAMPA, FL 33609</b>	Mailing Address <b>507 S. MACDILL AVE. TAMPA, FL 33609</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5193383</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MEDI-WEIGHT LOSS CLINICS, LLC 777 S. HARBOUR ISLAND BLVD. SUITE 130 TAMPA, FL 33602</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KALOUST, EDWARD 777 S HARBOUR ISLAND BLVD. #130 TAMPA, FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EDLUND, JAMES 777 S HARBOUR ISLAND BLVD. #130 TAMPA, FL 33602</b>
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04/25/08-80079-008-143.75

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/28/08**

Date

**813-225-1051**

Daytime Phone #