2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

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Entity Name: MEDI WEIGHT LOSS CLINICS PENSACOLA I LLC

Current Principal Place of Business:

4900 GRANDE DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4900 GRANDE DRIVE
PENSACOLA, FL 32504

New Mailing Address:

301 WEST GONZALEZ ST.
PENSACOLA, FL 32501

FEI Number: 20-5660972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KALOUST, EDWARD
777 S. HARBOUR ISLAND BLVD
SUITE 130
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MITCHELL, JENNIFER
301 WEST GONZALEZ ST.
PENSACOLA, FL 32501 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: JENNIFER MITCHELL 01/25/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MITCHELL, KENNETH P M.D.
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR ( ) Delete
Name: ECKERT, JEANNE M.D.
Address: 4900 GRAND DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM ( ) Delete
Name: EDLUND, JAMES
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MITCHELL, JENNIFER M
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MITCHELL, KENNETH P M.D.
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGR ( ) Change (X) Addition
Name: HAWKINS, RICHARD
Address: 4900 GRANDE DRIVE
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER MITCHELL MGRM 01/25/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date