

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097431

FILED
Jan 23, 2008
Secretary of State

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:

1020 NORTH PALAFOX STREET
PENSACOLA, FL 32501

Current Mailing Address:

301 WEST GONZALEZ ST.
PENSACOLA, FL 32501

New Mailing Address:

1020 NORTH PALAFOX STREET
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:

MITCHELL, JENNIFER
301 WEST GONZALEZ ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

MITCHELL, JENNIFER
1020 NORTH PALAFOX STREET
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

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MITCHELL, JENNIFER M
Address: 1020 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR (X) Change () Addition
Name: ECKERT, JEANNE M.D.
Address: 1020 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR (X) Change () Addition
Name: MITCHELL, KENNETH P M.D.
Address: 1020 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR (X) Change () Addition
Name: HAWKINS, RICHARD
Address: 1020 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32501

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: JENNIFER M. MITCHELL

MGRM

01/23/2008

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