2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000097431

Entity Name: MEDI WEIGHT LOSS CLINICS PENSACOLA I LLC

Current Principal Place of Business:

1020 NORTH PALAFOX STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1020 NORTH PALAFOX STREET
PENSACOLA, FL 32501

New Mailing Address:

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
1020 NORTH PALAFOX STREET
PENSACOLA, FL 32501 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:	MGRM	( ) Delete
Name:	MITCHELL, JENNIFER M	
Address:	1020 NORTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGR	( ) Delete
Name:	ECKERT, JEANNE M.D.	
Address:	1020 NORTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGR	( ) Delete
Name:	MITCHELL, KENNETH P M.D.	
Address:	1020 NORTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGR	( ) Delete
Name:	HAWKINS, RICHARD	
Address:	1020 NORTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32501	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JENNIFER MITCHELL MGRM 01/15/2009

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