

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000097431

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**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:**

910 ROYCE STREET  
PENSACOLA, FL 32504

**Current Mailing Address:**

1020 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

910 ROYCE STREET  
PENSACOLA, FL 32504

**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:**

MITCHELL, JENNIFER  
910 ROYCE STREET  
PENSACOLA, FL 32504 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

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MITCHELL, JENNIFER M  
Address: 910 ROYCE STREET  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: ECKERT, JEANNE M.D.  
Address: 910 ROYCE STREET  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: MITCHELL, KENNETH P M.D.  
Address: 910 ROYCE STREET  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: HAWKINS, RICHARD  
Address: 910 ROYCE STREET  
City-St-Zip: PENSACOLA, FL 32504

I hereby 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

01/13/2010

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