

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105348

FILED
Mar 05, 2009
Secretary of State

Entity Name: MEDI WEIGHTLOSS CLINICS BRANDON I LLC

Current Principal Place of Business:

203 W. BLOOMINGDALE AVE.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

203 W. BLOOMINGDALE AVE.
BRANDON, FL 33511

New Mailing Address:

FEI Number: 20-5799057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KALOUST, EDWARD
777 S. HARBOUR ISLAND BLVD.
SUITE130
TAMPA, FL 33602 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: EDLUND, JAMES
Address: 777 S. HARBOUR ISLAND BLVD. #130
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: WILLETT, THOMAS
Address: 412 E MADISON ST STE 1100
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: SANCHEZ, ROLANDO MD
Address: 203 W. BLOOMINGDALE AVE.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SANCHEZ, ROLANDO MD
Address: 203 W. BLOOMINGDALE AVE.
City-St-Zip: BRANDON, FL 33511

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: THOMAS K. WILLETT

MGR

03/05/2009

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