

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108591

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** MEDI-WEIGHTLOSS CLINICS HOLDINGS, LLC

**Current Principal Place of Business:**

301 W. GONZALEZ STREET  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1020 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

301 W. GONZALEZ STREET  
PENSACOLA, FL 32501

**New Mailing Address:**

1020 NORTH PALAFOX STREET  
PENSACOLA, FL 32501

**FEI Number:** 20-5928444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, JENNIFER  
301 W. GONZALEZ STREET  
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

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MITCHELL, JENNIFER  
Address: 301 W. GONZALEZ STREET  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MITCHELL, JENNIFER  
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 MITCHELL

MGR

01/15/2009

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