2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90102 008 ***143.75

DOCUMENT # L06000112499

1. Entity Name
SOUTH FLORIDA MEDICAL WEIGHT MANAGEMENT, LLC

Principal Place of Business	Mailing Address
1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH FL 33139	1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH FL 33139

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1111 Lincoln Road		1111 Lincoln Road	
Suite, Apt. #, etc.: Suite 400		Suite, Apt. #, etc.: Suite 400	
City & State: MIAMI BEACH FL		City & State: MIAMI BEACH FL	
Zip: 33139	Country: Miami-Dade	Zip: 33139	Country: Miami-Dade

4. FEI Number 76-0842968 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, EUGENE J ESQ. 1111 LINCOLN ROAD, SUITE 400 MIAMI BEACH FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KARSTAEDT, ALEXIS		NAME		
STREET ADDRESS	1598 BREAKWATER TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] ALEXIS KARSTAEDT MANAGING MEMBER 2/16/08 954-449-8446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #