

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112499

FILED
Apr 17, 2009
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL WEIGHT MANAGEMENT, LLC

Current Principal Place of Business:

1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139

New Principal Place of Business:

1 S.W. 129TH AVENUE, SUITE 205
PEMBROKE PINES, FL 33027

Current Mailing Address:

1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

1 S.W. 129TH AVENUE, SUITE 205
PEMBROKE PINES, FL 33027

FEI Number: 76-0842968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, EUGENE J ESQ.
1111 LINCOLN ROAD, SUITE 400
MIAMI BEACH, FL 33139 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: MM () Delete
Name: KARSTAEDT, ALEXIS
Address: 1598 BREAKWATER TERRACE
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: KARSTAEDT, ALEXIS
Address: 1 S.W. 129TH AVENUE, SUITE 205
City-St-Zip: PEMBROKE PINES, FL 33027

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: ALEXIS KARSTAEDT, MD

MM

04/17/2009

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