2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L07000022556

Entity Name: FLORIDA PAIN & WEIGHT LOSS CLINIC LLC

Current Principal Place of Business:

211 S.R 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

211 S.R 434
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 20-8537358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABRAHIM, STANLEY
211 S.R 434
LONGWOOD, FL 32750 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: CEO ( ) Delete
Name: ABRAHIM, STANLEY
Address: 211 S.R 434
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete
Name: ABRAHIM, JENNIFER
Address: 211 S.R 434
City-St-Zip: LONGWOOD, FL 32750 FL

ADDITIONS/CHANGES:

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

Title: VP (X) Change ( ) Addition
Name: ABRAHIM, ISHMAEL
Address: 211 S.R 434
City-St-Zip: LONGWOOD, FL 32750 FL

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: STANLEY ABRAHIM CEO 01/20/2009

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