

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000022556

FILED
May 27, 2009
Secretary of State**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 (X) Delete
Name: ABRAHIM, ISHMAEL
Address: 211 S.R 434
City-St-Zip: LONGWOOD, FL 32750 FL**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

05/27/2009

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