

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 08, 2008 8:00 am
Secretary of State

01-11-2008 90080 016 ***138.75

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|--|---|---------------------|--|--|--|
| DOCUMENT # L07000035150 1. Entity Name MEDI WEIGHT LOSS - ST. PETERSBURG - PHYSICIANS GROUP, P.L. | | | | | |
| Principal Place of Business 3268 66TH STREET NORTH ST PETERSBURG, FL 33710 | | | Mailing Address 3268 66TH STREET NORTH ST PETERSBURG, FL 33710 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">30000390</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 01072008 Chg-LLC CR2E083 (12/06) 4. FEL Number 20-8754202 </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent ZBELLA, EDWARD A MD 3268 66TH STREET NORTH ST PETERSBURG, FL 33710 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY- ST- ZIP | D Edward Zbella 2454 McMullen - South Road Clearwater FL 33759 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D Mark Sanchez 2454 McMullen - South Road Clearwater FL 33759 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | 2/7/08 727 796 7705 <small>Date Daytime Phone #</small> | | |