

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049451

FILED
Jan 05, 2010
Secretary of State

Entity Name: TRINITY MEDICAL WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

TRINTIY MEDICAL ASSOCIATES, LLC
2043 LITTLE RD
TRINITY, FL 34655

New Principal Place of Business:

2043 LITTLE RD
TRINITY, FL 34655

Current Mailing Address:

TRINTIY MEDICAL ASSOCIATES, LLC
2043 LITTLE RD
TRINITY, FL 34655

New Mailing Address:

2043 LITTLE RD
TRINITY, FL 34655

FEI Number: 26-0523789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRINITY MEDICAL ASSOCIATES, LLC
2043 LITTLE RD
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

TRINITY MEDICAL ASSOCIATES
2043 LITTLE RD
TRINITY, FL 34655 US

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: JULIA VASTA

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: TRINTIY MEDICAL ASSOCIATES
Address: 2043 LITTLE RD
City-St-Zip: TRINITY, FL 34655

Title: COO
Name: VASTA, JULIA A ARNP
Address: 2043 LITTLE RD
City-St-Zip: TRINITY, FL 34655

I hereby 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: JULIA VASTA

COO

01/05/2010

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