

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049451

FILED
Feb 25, 2011
Secretary of State

Entity Name: TRINITY MEDICAL WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

2043 LITTLE RD
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2043 LITTLE RD
TRINITY, FL 34655

New Mailing Address:

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
2043 LITTLE RD
TRINITY, FL 34655 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: 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: TRINITY MEDICAL ASSOCIATES

MGR

02/25/2011

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