

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056200

Entity Name: MEDICAL WEIGHT LOSS, L.L.C.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

5111 EHRLICH ROAD
SUITE 128
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

5111 EHRLICH ROAD
SUITE 128
TAMPA, FL 33624 US

New Mailing Address:

4409 KETTLE CREEK COURT
SUITE 128
TAMPA, FL 33624 US

FEI Number: 41-2240883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACHIMEK, GAIL A
5111 EHRLICH ROAD
SUITE 128
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

JACHIMEK, GAIL A
4409 KETTLE CREEK COURT
SUITE 128
TAMPA, FL 33624 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:

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACHIMEK, GAIL A
Address: 5111 EHRLICH ROAD, SUITE 128
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: JACHIMEK, RICHARD H
Address: 5111 EHRLICH ROAD, SUITE 128
City-St-Zip: TAMPA, FL 33624 US

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: GAIL A JACHIMEK

MGR

01/15/2009

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