

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056200

FILED  
Jan 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5111 EHRLICH ROAD  
SUITE 128  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

4409 KETTLE CREEK COURT  
SUITE 128  
TAMPA, FL 33624 US

**New Mailing Address:**

5111 EHRLICH ROAD  
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  
4409 KETTLE CREEK COURT  
SUITE 128  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

JACHIMEK, GAIL A  
5111 EHRLICH ROAD  
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:

01/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: GAIL JACHIMEK

MGR

01/12/2010

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