2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

5111 EHRLICH ROAD
SUITE 128
TAMPA, FL 33624 US

New Mailing Address:

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:

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: 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 Statues.

SIGNATURE: GAIL A. JACHIMEK MGR 01/04/2011

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