

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056250

FILED
Feb 18, 2008
Secretary of State

Entity Name: FOURTH STREET WEIGHT LOSS CLINIC, L.L.C.

Current Principal Place of Business:

1217 EWING AVE
CLEARWATER, FL 33756

New Principal Place of Business:

3637 4TH STREET NORTH
SUITE 103
ST. PETERSBURG, FL 33702

Current Mailing Address:

1217 EWING AVE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 56-2667453 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET STE 102
CLEARWATER, FL 33756 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: LARA, CESAR A
Address: 1217 EWING AVE
City-St-Zip: CLEARWATER, FL 33756

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: CESAR A. LARA

D

02/18/2008

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