

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080521

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** DOCTOR'S CHOICE WEIGHT LOSS, LLC

**Current Principal Place of Business:**

10730 S.R. 54  
SUITE 104  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

10730 S.R. 54  
SUITE 104  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 61-1536136      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SUNCOAST HEALTHCARE SOLUTIONS  
5407 BREATHLESS LANE  
LUTZ, FL 33558 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: SUNCOAST HEALTHCARE, SOLUTIONS  
Address: 5407 BREATHLESS LANE  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: COASTAL MDRD SERVICE, S, INC.  
Address: 3183 FLAMINGO BLVD.  
City-St-Zip: HERNANDO BEACH, FL 34607

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: PETER C DUIC

MGRM

07/07/2008

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