

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080521

FILED
Mar 23, 2009
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 ()

Name and Address of Current Registered Agent:

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

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

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: PETER DUIC

MGRM

03/23/2009

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