


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90246 029 ***143.75

DOCUMENT # L07000092406	
1. Entity Name DOCTORS WEIGHT LOSS CLINICS, LLC	

Principal Place of Business 412 E. MADISON STREET SUITE 1100 TAMPA, FL 33602	Mailing Address 412 E. MADISON STREET SUITE 1100 TAMPA, FL 33602
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60012822

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1347557	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLETT, THOMAS K 412 E. MADISON STREET SUITE 1100 TAMPA, FL 33602		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLETT, THOMAS K 412 E. MADISON STREET, SUITE 1100 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	2/26/08	813-225-1051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #