

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103200

FILED
Jan 04, 2012
Secretary of State

Entity Name: MEDI WEIGHTLOSS CLINIC GAINESVILLE I, L.L.C.

Current Principal Place of Business:

412 E. MADISON STREET
SUITE 1100
TAMPA, FL 33602 US

New Principal Place of Business:

1143 NW 64TH TERRACE
GAINESVILLE, FL 32605 US

Current Mailing Address:

412 E. MADISON STREET
SUITE 1100
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 26-1222768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLETT, THOMAS K
412 E. MADISON STREET
SUITE 1100
TAMPA, FL 33602 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
Name: WILLETT, THOMAS K
Address: 412 E. MADISON STREET, SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGR
Name: AFFILIATE SURGEON WEIGHTLOSS LLC
Address: 1143 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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 Statutes.

SIGNATURE: TOM WILLETT

PRES

01/04/2012

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