

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L07000103900**

1. Entity Name  
**MEDI-WEIGHTLOSS CLINICS OF ORLANDO, LLC**



Principal Place of Business  
**2300 NORTH SCENIC HIGHWAY  
LAKE WALES, FL 33898**

Mailing Address  
**P.O. BOX 832  
LAKE WALES, FL 33859**



03132008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>26-1272536</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STRAUGHN, RICHARD E ESQ.  
255 MAGNOLIA AVE.  
WINTER HAVEN, FL 33883**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/10/08-80068-011 138.75**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EVANS, KAREN B M.D. P.O. BOX 832 LAKE WALES, FL 33859</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHORTLY, TARA J. P.O. BOX 832 LAKE WALES, FL 33859</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Mar 15/08 867.559.3434**