

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103900

FILED
Feb 25, 2009
Secretary of State

Entity Name: MEDI-WEIGHTLOSS CLINICS OF ORLANDO, LLC

Current Principal Place of Business:

2300 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33898

New Principal Place of Business:

7932 W SAND LAKE RD
#100
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 832
LAKE WALES, FL 33859

New Mailing Address:

7932 W SAND LAKE RD
#100
ORLANDO, FL 32819

FEI Number: 26-1272536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUGHN, RICHARD E ESQ.
255 MAGNOLIA AVE.
WINTER HAVEN, FL 33883 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: MGR () Delete
Name: EVANS, KAREN B M.D.
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

Title: MGR () Delete
Name: SHORTLY, TARA J .
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

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: J T SHORTLY

SEC

02/25/2009

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