

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104882

FILED
Mar 31, 2009
Secretary of State

Entity Name: ENGLEWOOD WEIGHT & WELLNESS CENTER, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1861 PLACIDA ROAD STE 102
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

1861 PLACIDA ROAD STE 102
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 26-1462562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKINSON, ROBERT A
460 S INDIANA AVE
ENGLEWOOD, FL 34223 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: KANTROWITZ, LAWRENCE MD
Address: 1861 PLACIDA ROAD STE 102
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGR (X) Delete
Name: KANTROWITZ, ANA
Address: 1861 PLACIDA ROAD STE 102
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KANTROWITZ, LAWRENCE J MD
Address: 1861 PLACIDA ROAD STE 102
City-St-Zip: ENGLEWOOD, FL 34223

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: LAWRENCE J. KANTROWITZ

MD

03/31/2009

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