

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106505

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** AFFILIATED SURGEONS WEIGHTLOSS CLINICS, L.L.C.

**Current Principal Place of Business:**

1143 N.W. 64TH TERRACE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

1143 N.W. 64TH TERRACE  
GAINESVILLE, FL 32605 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIPP, TIMOTHY MD  
1143 N.W. 64TH TERRACE  
GAINESVILLE, FL 32605 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: HIPP, TIMOTHY MD  
Address: 1143 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: SARANTOS, PETER  
Address: 1143 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: TIMOTHY HIPP

MGRM

01/06/2008

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