

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000107523

FILED
Sep 09, 2008
Secretary of State

Entity Name: DOCTORS' WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

3391-3395 EAST BAY DR.
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

3391-3395 EAST BAY DR.
LARGO, FL 33771

New Mailing Address:

FEI Number: 26-1305440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK STREET
RICHARDS, GILKEY, FITE, ET AL.
CLEARWATER, FL 33756 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: PRES () Delete
Name: ABHYANKAR, ANJANI S PRES
Address: 514 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33786

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ABHYANKAR, SMRUTI S
Address: 514 BELLE ISLE AVE
City-St-Zip: BELLEAIR BEACH, FL 33786

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: SMRUTI ABHYANKAR

PRES

09/09/2008

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