

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108883

Entity Name: GEM WEIGHT LOSS LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

5599 S UNIVERSITY ROAD STE 306
DAVIE, FL 33324

New Principal Place of Business:

21097 N E 27 COURT
#590
AVENTURA, FL 33180

Current Mailing Address:

21097 NE 27TH COURT STE 590
AVENTURA, FL 33180

New Mailing Address:

C/O SBAS 5599 S UNIVERSITY DR STE 306
DAVIE, FL 33328

FEI Number: 24-1087854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEDIAK, MIRTA
5599 S UNIVERSITY ROAD STE 306
DAVIE, FL 33324 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: GOLDSMITH, CHARLES L
Address: 21097 NE 29TH COURT STE 590
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: PHYSICIANS WEIGHT LO, SS & WELLNESS I NC
Address: 21097 NE 29TH COURT STE 590
City-St-Zip: AVENTURA, FL 33180

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: CHARLES L GOLDSMITH

MGRM

04/30/2008

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