2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# L07000111368

Entity Name: NMS WEIGHTLOSS CLINIC II, LLC

Current Principal Place of Business:

1715 HERITAGE TRAIL
SUITE 201
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTER COURT
BLDG. # 400
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 26-1347346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTER COURT
BLDG. # 400
FORT MYERS, FL 33912 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:	NETWORK MANAGEMENT S, ERVICES, LLC	
Address:	6150 DIAMOND CENTER COURT, BLDG. # 400	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGR	( ) Delete
Name:	BLOY, RICHARD L M.D.	
Address:	6150 DIAMOND CENTER COURT, BLDG# 400	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	MGR	( ) Delete
Name:	WOODARD, JOHN A	
Address:	6150 DIAMOND CENTER COURT, BLDG. # 400	
City-St-Zip:	FORT MYERS, FL 33912	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	BLOY, RICHARD L M.D.	
Address:	6150 DIAMOND CENTER COURT, BLDG# 400	
City-St-Zip:	FORT MYERS, FL 33912	
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: JOHN WOODARD VP 01/18/2009

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