

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111368

FILED
Mar 30, 2010
Secretary of State

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:

90 CYPRESS WAY EAST
SUITE 45
NAPLES, FL 34110

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 (X)

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
Name: NETWORK MANAGEMENT SERVICES, LLC
Address: 6150 DIAMOND CENTER COURT, BLDG. # 400
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM
Name: BLOY, RICHARD L M.D.
Address: 6150 DIAMOND CENTER COURT, BLDG# 400
City-St-Zip: FORT MYERS, FL 33912

Title: CFO
Name: MARTIN, RONALD
Address: 6150 DIAMOND CENTER CT BLDG 400
City-St-Zip: FORT MYERS, FL 33912

Title: COO
Name: BLOY, PETER
Address: 6150 DIAMOND CENTER CT BLDG 400
City-St-Zip: FORT MYERS, FL 33912

I hereby 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: RICHARD L BLOY

MGRM

03/30/2010

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