

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006595

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PALM BEACH MEDICAL WEIGHT LOSS, LLC

**Current Principal Place of Business:**

3401 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

3401 PGA BLVD.  
SUITE 500C  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

102 OLIVERA WAY  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

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

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

BONADIES HALICKMAN, DOREEN ESQ  
4600 MILITARY TRAIL SUITE 217  
JUPITER, FL 33458 US

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

ROBYN S. HANKINS PL  
4600 MILITARY TRAIL SUITE 217  
JUPITER, FL 33458 US

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: ROBYN S. HANKINS

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAUSER, DEBRA P PH.D  
Address: 396 LIVINGSTON STREET  
City-St-Zip: NEW HAVEN, CT 06511

Title: MGRM ( ) Delete  
Name: HAUSER, JACK MD  
Address: 396 LIVINGSTON STREET  
City-St-Zip: NEW HAVEN, CT 06511

Title: MGRM (X) Delete  
Name: HALICKMAN, JACK F  
Address: 102 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HALICKMAN, DOREEN  
Address: 102 OLIVERA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change ( ) Addition  
Name: BALZANO, GRACE  
Address: 117 VIA PALACIO  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: DOREEN B. HALICKMAN

MGRM

04/30/2009

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