2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2012
Secretary of State

DOCUMENT# L08000008750

Entity Name: MEDI-WEIGHTLOSS FRANCHISING USA, LLC

Current Principal Place of Business:

509 S HYDE PARK AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

509 S HYDE PARK AVE.
TAMPA, FL 33606

New Mailing Address:

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

Name and Address of Current Registered Agent:

KALOUST, DEREK
509 S HYDE PARK AVE.
TAMPA, FL 33606 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: KALOUST, EDWARD
Address: 509 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602

Title: MGRM
Name: ZBELLA, EDWARD M.D.
Address: 509 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602

Title: MGRM
Name: EDLUND, JAMES A
Address: 509 S. HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33602

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 Statues.

SIGNATURE: DEREK KALOUST RA 02/22/2012

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