

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030076

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** PHYSICIANS WEIGHT LOSS SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

608 MOONEY RD  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

722 BEAL PKWY, UNIT E  
FT. WALTON BEACH, FL 32547

**Current Mailing Address:**

608 MOONEY RD  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 26-2141148      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ALLMAN, JEFF  
608 MOONEY RD  
FT. WALTON BEACH, FL 32547      US

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

ALLMAN, JEFF J JEFF AL  
608 MOONEY RD  
FT. WALTON BEACH, FL 32547      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: JEFF ALLMAN

02/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALLMAN, JEFF  
Address: 608 MOONEY RD  
City-St-Zip: FT. WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: ALLMAN, JEFF J JEFF AL  
Address: 608 MOONEY RD  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: JEFF ALLMAN

PRES

02/16/2009

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