

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030076

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 J JEFF AL  
608 MOONEY RD  
FT. WALTON BEACH, FL 32547 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: MGR  
Name: ALLMAN, JEFF J JEFF AL  
Address: 608 MOONEY RD  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: JEFF ALLMAN

RA

02/16/2010

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