

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030076

FILED
Mar 03, 2011
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

PRES

03/03/2011

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