2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034866

FILED Jan 19, 2009 Secretary of State

Entity Name: PHYSICIANS WEIGHTLOSS CLINIC OF CAPE CORAL, LLC

Current Principal Place of Business: New Principal Place of Business: 3046 DEL PRADO BLVD. UNIT#1B CAPE CORAL, FL 33904 US **Current Mailing Address: New Mailing Address:** 6150 DIAMOND CENTRE COURT BLDG. # 400 FORT MYERS, FL 33912 FEI Number: 26-2338055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NETWORK MANAGEMENT SERVICES, LLC 6150 DIAMOND CENTRE COURT BLDG. # 400 FORT MYERS, FL 33912 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BLOY, RICHARD L MD Name: Name: Address: 6150 DIAMOND CENTRE COURT, BLDG. # 400 Address: City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TAYLOR, TERESE A MD Name: Address: 3046 DEL PRADO BLVD, UNIT 1 A Address: City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition WOODARD, JOHN A Name: Name: 6150 DIAMOND CENTRE COURT, BLDG. # 400 Address: Address: City-St-Zip: FORT MYERS, FL 33912 US 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: JOHN WOODARD VP 01/19/2009