

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034866

FILED
Mar 30, 2010
Secretary of State

Entity Name: PHYSICIANS WEIGHTLOSS CLINIC OF CAPE CORAL, LLC

Current Principal Place of Business:

3046 DEL PRADO BLVD.
UNIT # 1 B
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

6150 DIAMOND CENTRE COURT
BLDG. # 400
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 26-2338055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NETWORK MANAGEMENT SERVICES, LLC
6150 DIAMOND CENTRE COURT
BLDG. # 400
FORT MYERS, FL 33912 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: BLOY, RICHARD L MD
Address: 6150 DIAMOND CENTRE COURT, BLDG. # 400
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM
Name: TAYLOR, TERESE A MD
Address: 3046 DEL PRADO BLVD, UNIT 1 A
City-St-Zip: CAPE CORAL, FL 33904 US

Title: CFO
Name: MARTIN, RONALD
Address: 6150 DIAMOND CENTER CT BLDG 400
City-St-Zip: FORT MYERS, FL 33912 US

Title: COO
Name: BLOY, PETER
Address: 6150 DIAMOND CENTER CT BLDG 400
City-St-Zip: FORT MYERS, FL 33912 US

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: RICHARD L BLOY

MGRM

03/30/2010

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