

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043891

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** THE MIAMI INSTITUTE WEIGHT MANAGEMENT CENTER, LLC

**Current Principal Place of Business:**

1441 BRICKELL AVENUE  
3RD FLOOR SKY LOBBY  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1441 BRICKELL AVENUE  
3RD FLOOR SKY LOBBY  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 33-1215248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REY, JOSE L  
1501 SUNSET DRIVE  
2ND FLOOR  
CORAL GABLES, FL 33143 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: WATSON, STEPHEN  
Address: 1441 BRICKELL AVENUE, 3D FLOOR SKY LOBBY  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: GALLO, JULIO M.D.  
Address: 1441 BRICKELL AVENUE, 3D FLOOR SKY LOBBY  
City-St-Zip: MIAMI, FL 33131

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: STEPHEN WATSON

MGR

03/01/2010

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