2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L08000052544

Entity Name: MEDI-WEIGHTLOSS CLINICS OF SARASOTA, LLC

Current Principal Place of Business:

2300 NORTH SCENIC HIGHWAY
LAKE WALES, FL 33898

New Principal Place of Business:

3534 FRUITVILLE RD
SARASOTA, FL 34237

Current Mailing Address:

P.O. BOX 832
LAKE WALES, FL 33859

New Mailing Address:

3534 FRUITVILLE RD
SARASOTA, FL 34237

FEI Number: 26-2699985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAUGHN, RICHARD E ESQ.
255 MAGNOLIA AVE
WINTER HAVEN, FL 33883 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 ( ) Delete
Name: EVANS, KAREN B M.D.
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

Title: MGR ( ) Delete
Name: SHORTLY, TARA J M.D.
Address: P.O. BOX 832
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: J T SHORTLY SEC 02/25/2009

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