

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052544

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** MEDI-WEIGHTLOSS CLINICS OF SARASOTA, LLC

**Current Principal Place of Business:**

3534 FRUITVILLE RD  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

3534 FRUITVILLE RD  
SARASOTA, FL 34237

**New Mailing Address:**

**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  
**Name:** EVANS, KAREN B M.D.  
**Address:** P.O. BOX 832  
**City-St-Zip:** LAKE WALES, FL 33859

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

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:** JT SHORTLY

MGR

03/29/2010

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