

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056478

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** SOUTHEAST WEIGHT LOSS CLINIC, LLC

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY, STE 2503  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
SUITE 902  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6817 SOUTHPOINT PARKWAY, STE 2503  
JACKSONVILLE, FL 32216

**New Mailing Address:**

6817 SOUTHPOINT PARKWAY  
SUITE 902  
JACKSONVILLE, FL 32216

**FEI Number:** 30-0489065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, KAREN A  
6817 SOUTHPOINT PARKWAY, STE 2503  
JACKSONVILLE, FL 32216 US

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

JOHNSON, KAREN A  
6817 SOUTHPOINT PARKWAY,  
SUITE 902  
JACKSONVILLE, FL 32216 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:** KAREN JOHNSON

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MRS ( ) Change (X) Addition  
**Name:** JOHNSON, KAREN A  
**Address:** 6817 SOUTHPOINT PARKWAY, SUITE 902  
**City-St-Zip:** JACKSONVILLE, FL 32216

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:** KAREN JOHNSON

PRES

02/02/2009

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