2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2010
Secretary of State

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Entity Name: SOUTHEAST WEIGHT LOSS CLINIC, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 902
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 30-0489065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, KAREN A
6817 SOUTHPOINT PARKWAY,
SUITE 902
JACKSONVILLE, FL 32216 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: MRS
Name: JOHNSON, KAREN A
Address: 6817 SOUTHPOINT PARKWAY, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32216

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 Statues.

SIGNATURE: KAREN JOHNSON PRES 03/05/2010

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