

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056478

FILED
Apr 27, 2011
Secretary of State

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 Statutes.

SIGNATURE: KAREN JOHNSON

MBR

04/27/2011

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