

DOCUMENT# L08000113284

Entity Name: PHYSICIANS WEIGHT CONTROL CENTER, LLC

New Principal Place of Business:**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NETWORK DEVELOPMENT SERVICES, LLC
657 FLAMINGO DRIVE
APOLLO BEACH, FL 33572 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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NETWORK DEVELOPMENT SERVICES, LLC
Address: 657 FLAMINGO DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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: CLAYTON SWALSTAD

MGMR

04/22/2010

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