

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116924

FILED
Mar 20, 2012
Secretary of State

Entity Name: DOCTORS BEST WEIGHT LOSS & WELLNESS CENTER L.L.C.

Current Principal Place of Business:

5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Principal Place of Business:

911 NW 209TH AVE
114
PEMBROKE PINES, FL 33029

Current Mailing Address:

5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Mailing Address:

911 NW 209TH AVE
114
PEMBROKE PINES, FL 33029

FEI Number: 80-0320841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSTER, CHRISTIAN
5542 S. FLAMINGO ROAD
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

FORSTER, CHRISTIAN
911 NW 209TH AVE
114
PEMBROKE PINES, FL 33029 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: CHRISTIAN FORSTER

03/20/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FORSTER, CHRISTIAN
Address: 911 NW 209TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

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: CHRISTIAN FORSTER

MGR

03/20/2012

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