2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L08000117101

Entity Name: RIVERSIDE SURGICAL AND WEIGHT LOSS CENTER, LLC

Current Principal Place of Business:

13840 U.S. HIGHWAY 1
SEBASTIAN, FL 32958

New Principal Place of Business:

705 SEBASTIAN BLVD.
SUITE D
SEBASTIAN, FL 32958

Current Mailing Address:

13840 U.S. HIGHWAY 1
SEBASTIAN, FL 32958

New Mailing Address:

705 SEBASTIAN BLVD.
SUITE D
SEBASTIAN, FL 32958

FEI Number: 26-3997341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOMKOWSKI, PATRICK W
13840 U.S. HIGHWAY 1
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

DOMKOWSKI, PATRICK W
705 SEBASTIAN BLVD.
SUITE D
SEBASTIAN, FL 32958 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: 04/06/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DOMKOWSKI, PATRICK W
Address: 13840 U.S. HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DOMKOWSKI, PATRICK W
Address: 705 SEBASTIAN BLVD. SUITE D
City-St-Zip: SEBASTIAN, FL 32958

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: PATRICK W. DOMKOWSKI MGRM 04/06/2009

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