

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026232

FILED
Jan 13, 2011
Secretary of State

Entity Name: PINE ISLAND WEIGHTLOSS CENTER LLC

Current Principal Place of Business:

900 SW PINE ISLAND RD.
#209
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

900 SW PINE ISLAND RD.
#209
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 26-4482374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORCEY, JOSHUA O
10181 SIX MILE CYPRESS PKWY
STE C
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

DOMINGO, JUAN C M.D.
900 S.W. PINE ISLAND ROAD
STE 209
CAPE CORAL, FL 33991 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: JUAN C. DOMINGO, M.D.

01/13/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: DOMINGO, JUAN C M.D.

Address: 900 S.W. PINE ISLAND ROAD #209

City-St-Zip: FORT MYERS, FL 33991 US

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: JUAN C. DOMINGO, M.D.

MGRM

01/13/2011

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