2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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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:

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

SIGNATURE: JUAN C DOMINGO MD 01/12/2012

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