

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060340

**FILED  
Apr 30, 2010  
Secretary of State**

**Entity Name:** NORTH FLORIDA WEIGHT MANAGEMENT, LLC

**Current Principal Place of Business:**

6800 NW 9TH BOULEVARD  
SUITE 4  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

6800 NW 9TH BOULEVARD  
SUITE 4  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ASHLEY, ROBERT G DR.  
6800 NW 9TH BOULEVARD  
SUITE 4  
GAINESVILLE, FL 32605 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: ASHLEY, ROBERT G DR.  
Address: 6800 NW 9TH BOULEVARD, SUITE 4  
City-St-Zip: GAINESVILLE, FL 32605

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: ROBERT G ASHLEY

MGR

04/30/2010

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