

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077312

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** HCG MEDICAL WEIGHT LOSS CENTER LLC.

**Current Principal Place of Business:**

3340 SE FEDERAL HIGHWAY  
#251  
STUART, FL 34997

**New Principal Place of Business:**

850 NW FEDERAL HWY.  
135  
STUART, FL 34994

**Current Mailing Address:**

3340 SE FEDERAL HIGHWAY  
#251  
STUART, FL 34997

**New Mailing Address:**

850 NW FEDERAL HWY.  
#135  
STUART, FL 34994

**FEI Number:** 27-3092529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHIFER, LYSSA  
133 SE ASHLEY OAKS WAY  
STUART, FL 34997 US

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

PHIFER, LYSSA  
850 NW FEDERAL HWY.  
108  
STUART, FL 34994 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: \_\_\_\_\_

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CB WHITFIELD, LLC.  
Address: 850 NW FEDERAL HWY., SUITE 135  
City-St-Zip: STUART, FL 34994

Title: MGRM  
Name: WHITFIELD, DEBRA  
Address: 3340 SE FEDERAL HIGHWAY, #135  
City-St-Zip: STUART, FL 34994

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: CHARLES WHITFIELD

MGRM

04/20/2011

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