

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090676

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** CENTER FOR MEDICAL WEIGHT LOSS OF ORLANDO, LLC

**Current Principal Place of Business:**

9537 PORTBURY DRIVE  
ORLANDO, FL 32836

**New Principal Place of Business:**

14050 S. TOWN LOOP BLVD  
SUITE 105  
ORLANDO, FL 32837

**Current Mailing Address:**

9537 PORTBURY DRIVE  
ORLANDO, FL 32836

**New Mailing Address:**

14050 S. TOWN LOOP BLVD  
SUITE 105  
ORLANDO, FL 32837

**FEI Number:** 27-3344741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, NATHAN B  
9537 PORTBURY DRIVE  
ORLANDO, FL 32836 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:** HILL, NATHAN B  
**Address:** 9537 PORTBURY DRIVE  
**City-St-Zip:** ORLANDO, FL 32836

**Title:** MGRM  
**Name:** HARRY, EUDENE  
**Address:** 9537 PORTBURY DRIVE  
**City-St-Zip:** ORLANDO, FL 32836

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:** NATHAN B. HILL

MGR

03/16/2011

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