

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118099

Entity Name: M.D. WEIGHT LOSS, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN M. WICKER, CASTELLO, ROYSTON & WI  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

C/O JOHN M. WICKER, P.A.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

FEI Number: 27-3985394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKER, JOHN M  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS, FL 33907 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: MITCHELL, B  
Address: 12670 NEW BRITTANY BLVD., SUITE 101  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM  
Name: DAVIS, D  
Address: 12670 NEW BRITTANY BLVD., SUITE 101  
City-St-Zip: FORT MYERS, FL 33907

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: B. MITCHELL

MGRM

04/19/2011

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