

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000020014

FILED
Jan 05, 2012
Secretary of State

Entity Name: MEDICAL DIMENSIONS WEIGHT LOSS CLINIC LLC

Current Principal Place of Business:

9400 PARKER PLAZA SUITE 300
FORT MYERS, FL

New Principal Place of Business:

9400 PARKER PLAZA SUITE 300
FORT MYERS, FL 33908

Current Mailing Address:

15162 ANCHORAGE WAY
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 27-5035165 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GONCHER, MARIANNE
15162 ANCHORAGE WAY
FORT MYERS, FL 33908 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: MGR
Name: GONCHER, MARIANNE
Address: 15162 ANCHORAGE WAY
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM
Name: BARBER, LESLEY J
Address: 15162 ANCHORAGE WAY
City-St-Zip: FORT MYERS, FL 33908

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: MARIANNE GONCHER MGR 01/05/2012

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