2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# M06000002689

Entity Name: MEDICAL WEIGHT-LOSS SOLUTIONS, LLC

Current Principal Place of Business:

9730 WILSHIRE BLVD
SUITES 108 & 110
BEVERLY HILLS, CA 90212

New Principal Place of Business:

101 S. ROBERTSON BLVD.
STE. 210
LOS ANGELES, CA 90048

Current Mailing Address:

9730 WILSHIRE BLVD
SUITES 108 & 110
BEVERLY HILLS, CA 90212

New Mailing Address:

101 S. ROBERTSON BLVD.
STE. 210
LOS ANGELES, CA 90048

FEI Number: 20-3298080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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 ( ) Delete
Name: HERN, ALEXANDER F
Address: 9730 WILSHIRE BLVD, SUITES 108 & 110
City-St-Zip: BEVERLY HILLS, CA 90212

Title: MGR ( ) Delete
Name: ROSS, MICHAEL W
Address: 2202 N WEST SHORE BLVD, SUITE 200
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HERN, ALEXANDER F
Address: 9663 SANTA MONICA BLVD. STE. 149
City-St-Zip: BEVERLY HILLS, CA 90210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TRE ELLIS ORGA 05/27/2008

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