

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084235

Entity Name: PHYSICIAN SYSTEM WEIGHT MANAGEMENT, LLC

Current Principal Place of Business:

603 NORTH FLAMINGO ROAD
SUITE 361
PEMBROKE PINES, FL 33028

Current Mailing Address:

603 NORTH FLAMINGO ROAD
SUITE 361
PEMBROKE PINES, FL 33028

FEI Number: 27-0951029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLASSMAN, LEE DESQ
2200 NORTH COMMERCE PARKWAY
SUITE 105
WESTON, FL 33326 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SMITH, DOUGLAS	Name	GOLDBERG, TODD
Address	603 NORTH FLAMINGO ROAD, SUITE 361	Address	603 NORTH FLAMINGO ROAD, SUITE 361
City-State-Zip:	PEMBROKE PINES FL 33028	City-State-Zip:	PEMBROKE PINES FL 33028

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS SMITH

PHYSICIAN OWNER

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date