

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006155

Entity Name: MIDTOWN MEDICAL WEIGHT LOSS, LLC

Current Principal Place of Business:

404 CLOVERDALE DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

404 CLOVERDALE DRIVE
TALLAHASSEE, FL 32312

FEI Number: 27-1664000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLADDEN, JOHN
404 CLOVERDALE DRIVE
TALLAHASSEE, FL 32312 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 MGRM
Name GLADDEN, JOHN
Address 404 CLOVERDALE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

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: JOHN GLADDEN

OWNER / MANAGER

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date