

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000203493

Entity Name: ST. PETE WEIGHT LOSS CLINIC LLC

Current Principal Place of Business:

2755 MERLIN WAY
CLEARWATER, FL 33761

Current Mailing Address:

2755 MERLIN WAY
CLEARWATER, FL 33761

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LISSA JEAN-PIERRE, DR
247 COREEY AVE.
ST PETE BEACH, FL 33706 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: DR LISSA JEAN-PIERRE

03/28/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name JEAN-PIERRE, LISSA MD
Address 2755 MERLIN WAY
City-State-Zip: CLEARWATER FL 33761

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: LISSA JEAN-PIERRE

CEO

03/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date