

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000203493

**Entity Name:** ST. PETE WEIGHT LOSS CLINIC LLC

**Current Principal Place of Business:**

247 COREY AVE #247  
ST PETE BEACH, FL 33706

**Current Mailing Address:**

247 COREY AVE #247  
ST PETE BEACH, FL 33706 US

**FEI Number:** 99-3459379

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JEAN-PIERRE, LISSA MICHELE  
247 COREY 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:** LISSA JEAN-PIERRE

01/05/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            JEAN-PIERRE, LISSA MICHELE 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 MICHELE JEAN-PIERRE

CEO

01/05/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date