2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am § Secretary of State DOCUMENT # K08301 1. Entity Name 05-03-2002 90019 009 ***150.00 METABOLIC RESEARCH CENTER OF JACKSONVILLE, INC. Mailing Address Principal Place of Business 3229 HWY 17 N 3229 HWY 17 N GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2863732 Not Applicable 2in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOILEAU, NINA Street Address (P.O. Box Number is Not Acceptable) 3229 HWY 17 N **GREEN COVE SPRINGS FL 32043** Zip Code City 8. 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be - After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so... Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2F034 (9/01) ☐ Addition ☐ Delete TITLE TITLE CSD NAME NAME SOILEAU, NINA STREET ADDRESS STREET ADDRESS 3229 HWY 17 N CITY-ST-7IP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** ☐ Change ☐ Addition ☐ Delete TITLE PTD NAME NAME SOILEAU, JOHN STREET ADDRESS STREET ADDRESS 3229 HWY 17 N. CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** ☐ Addition ☐ Delete TITLE Change TITLE NAME HOGAN-SUMMERS, KRISTIN STREET ADDRESS STREET ADDRESS 2523 BELFORT RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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FILED