

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000064986

**FILED**  
**Mar 01, 2017**  
**Secretary of State**  
**CC0864661735**

**Entity Name:** SPECIALTY NUTRITION CONSULTING, INC.

**Current Principal Place of Business:**

2741 MARINA CIRCLE  
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

2741 MARINA CIRCLE  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number: 81-3496074**

**Certificate of Status Desired: No**

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

DIFIORE-KIRSCH, CHRISTINE  
14201 W. SUNRISE BLVD. STE 201  
SUNRISE, FL 33323 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

**Officer/Director Detail :**

Title P  
Name HORN, GREGORY  
Address 2971 N.E. 27TH AVENUE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title S/T  
Name HORN, LAURA  
Address 2741 MARINA CIRCLE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY T. HORN**

**PRESIDENT**

**03/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date