

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003814

**Entity Name:** NUTRIMOST DOCTORS, LLC

**Current Principal Place of Business:**

10483 FRANKSTOWN ROAD  
PITTSBURGH, PA 15235

**Current Mailing Address:**

1 PRIORITY LANE, BOX 419  
MURRYSVILLE, PA 15668

**FEI Number:** 46-5393773

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** RAYMOND C. WISNIEWSKI

04/19/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name WISNIEWSKI, RAY DR.  
Address 10483 FRANKSTOWN ROAD  
City-State-Zip: PITTSBURGH PA 15235

*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:** RAYMOND WISNIEWSKI

MEMBER

04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date