2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#834304

ST LOUIS PARK, MN 55416

City-St-Zip:

Entity Name: NESTLE HEALTHCARE NUTRITION, INC.

FILED Mar 12, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
1600 UTICA AVENUE SOUTH 600 ST LOUIS PARK, MN 55416			10801 RED CIRCLE DRIVE MINNETONKA, MN 55343		
					Current Mailing Address:
1600 UTICA AVENUE SOUTH			10801 RED CIRCLE DRIVE MINNETONKA, MN 55343		
600 ST LOUIS PARK, MN 55416					
FEI Number	: 41-0991082	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New				of New Registered Agent:	
1201 HAYS TALLAHAS The above	ATION SERVION	01 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (YATES, DAVID 1600 UTICA AV ST LOUIS PAR	*	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V (DROZDA, STE 1600 UTICA AV		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE DROZDA CFO 03/12/2008