2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#834304

Entity Name: NESTLE HEALTHCARE NUTRITION, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10801 RED CIRCLE DRIVE MINNETONKA, MN 55343 **Current Mailing Address: New Mailing Address:** 10801 RED CIRCLE DRIVE MINNETONKA, MN 55343 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 Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition YATES, DAVID Name: Name: YATES, DAVID 1600 UTICA AVE S, #600 10801 RED CIRCLE DRIVE Address: Address: City-St-Zip: ST LOUIS PARK, MN 55416 City-St-Zip: MINNETONKA, MN 55343 Title: VΡ Title: () Delete (X) Change () Addition DROZDA, STEVE DROZDA, STEVE CFO Name: Name: 1600 UTICA AVE S, #600 10801 RED CIRCLE DRIVE Address: Address: ST LOUIS PARK, MN 55416 City-St-Zip: City-St-Zip: MINNETONKA, MN 55343 Title: () Delete Title: () Change (X) Addition TRFA GOSLINE, DON W Name: Name: 800 NORTH BRAND BLVD Address Address: City-St-Zip: City-St-Zip: GLENDALE, CA 91203 Title: () Delete Title: DIR () Change (X) Addition GARDET, MICHEL Name: Name: Address: Address: GRAND ATRIUM, 30, ROUTE DES AVOUILLONS City-St-Zip: City-St-Zip: CH 1196 GLAND, SZ Title: Title: () Change (X) Addition () Delete KEARINS, NOEL Name: Name: Address: GRAND ATRIUM, 30, ROUTE DES AVOUILLONS Address: City-St-Zip: City-St-Zip: CH 1196 GLAND, SZ Title: () Delete Title: () Change (X) Addition Name: Name: SCHMIDT, KURT 12 VREELAND ROAD, 2ND FLOOR, BOX 697 Address: Address: City-St-Zip: City-St-Zip: FLORHAM PARK, NJ 17932

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 04/08/2009