

F1000-0004338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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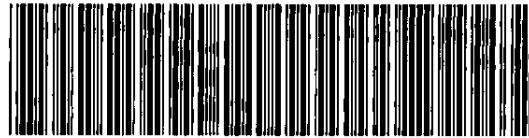
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 SEP 29 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 04 2010

W10-45210
647

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DOCTORS DIET INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DR. RICHARD W. FELDMAN, M.D.

Name of Person

DOCTORS DIET INC

Firm/Company

205 29TH AVENUE NORTH

Address

NASHVILLE TN 37203

City/State and Zip code

rfeldmanmd@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SULLIVAN

Name of Person

at (615) 750-2797

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. DOCTORS' DIET, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. STATE OF TENNESSEE

(State or country under the law of which it is incorporated)

3. 62-1753520

(FEI number, if applicable)

4. 8/27/1998

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JUNE 19, 2010

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 205 29TH AVENUE NORTH NASHVILLE TN 37203

(Principal office address)

205 29TH AVENUE NORTH NASHVILLE TN 37203

(Current mailing address)

8. MANAGE DIET CLINICS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES W. JACKSON

Office Address: 16055 EMERALD COAST PKWY UNIT#103

DESTIN

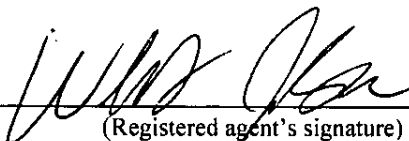
(City)

, Florida 32541

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DR. RICHARD W. FELDMAN, MD

Address: 205 29TH AVENUE NORTH NASHVILLE TN 37203

Vice President: _____

Address: _____

Secretary: WILLIAM J. SULLIVAN

Address: 205 29TH AVENUE NORTH NASHVILLE TN 37203

Treasurer: DR. RICHARD W. FELDMAN, MD

Address: 205 29TH AVENUE NORTH NASHVILLE TN 37203

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. William J. Sullivan

(Typed or printed name and capacity of person signing application)



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
10 OCT - 1 PM 3-24
312 Rosa L. Parks Avenue
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

Whit Jackson
205 29th Avenue North
Nashville, TN 37203

September 29, 2010

Request Type: No Fee Certificate of Existence/Authorization
Request #: 0022266

Issuance Date: 09/29/2010
Copies Requested: 2

Document Receipt

Receipt #:

Filing Fee:

Regarding: DOCTORS' DIET, INC.
Filing Type: Corporation For-Profit - Domestic
Charter/Qualification Date: 08/27/1998
Status: Active
Duration Term: Perpetual

Control #: 356584
Date Formed: 08/27/1998
Formation Locale: Davidson County
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

DOCTORS' DIET, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State
Business Services Division

Processed By: Nichole Hambrick