

F96000004406
CORPORATION SYSTEM

1201 Peachtree Street NE
Atlanta, GA 30361
Tel: 404 888 7796
Fax: 404 888 7795

August 20, 1996

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: DOCTORS DIET CLINICS, INC. (TN)
Order #: 622017

Dear Sir/Madam:

We request your assistance in filing a qualification for the above named corporation with the Secretary of State upon receipt.

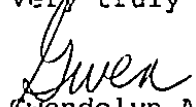
As soon as the document is filed, please call me with confirmation of the filing. Evidence of the filing should be forwarded to counsel listed below by regular mail:

Mr. Timothy Hill, Attorney
Lackey, Rodgers, Price & Snedeker
First American Center
315 Deaderick Suite 1230
Nashville, Tennessee 37238-1230
(615) 256-1577

500001992195
-08/27/96--01021--002
*****70.00 *****70.00

If you have any questions regarding this filing, please call our toll-free number: 800-241-8922.

Very truly yours,


Gwendolyn Andrews
Customer Specialist

Enclosure

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 26 PM 2:39
#8127

**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 CLINICS, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. TENNESSEE
(State or country under the law of which it is incorporated)
3. 62-1633469
(FBI number, if applicable)
4. 3 - 13 - 96
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Approval of Application
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 205 29th Ave. North
Nashville, TN 37203
(Current mailing address)
8. Operation of Medical Dietary Clinic
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida, 33324

(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 appointment as registered agent and agree to act in this capacity. I further agree to comply the provisions of all statutes relative to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

JENNIFER F AULTMAN
ASSISTANT SECRETARY

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
96 AUG 26 PM 2:39

12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard W. Feldman

Address: 205 29th Ave. North

Nashville, TN 37203

Vice President: _____

Address: _____

Secretary: Melinda J. Underwood

Address: 205 29th Ave. North

Nashville, TN 37203

Treasurer: Melinda J. Underwood

Address: 205 29th Ave. North

Nashville, TN 37203

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

13. Melinda Underwood
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Melinda J. Underwood - Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 08/05/1996
REQUEST NUMBER: 96218145
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/13/1996
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0309059
JURISDICTION: TENNESSEE

TO:
TIMOTHY HILL
315 DEADERICK ST
SUITE 1230
NASHVILLE, TN 37238

REQUESTED BY:
TIMOTHY HILL
315 DEADERICK ST
SUITE 1230
NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"DOCTORS DIET CLINICS, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE,
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID,
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 26 PM 2:39

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/05/96

FROM:
DOCTOR'S DIET CLINICS, INC.
1719 WEST END AVE
SUITE 307
NASHVILLE, TN 37203-0000

RECEIVED: FEES \$50.00 \$50.00
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00001993124
ACCOUNT NUMBER: 00242507



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

F96000004406

Requestor's Name
DOC
2014 Broadway
Suite 350
City/ Nashville, TN 37203

100002274531--@
-08/22/97--01049--017
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

FILED
97 SEP 30 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Doc 9/30

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: MEISTER ELECTRONICS, LC

1b. The mailing address of the corporation is: 712 Coral Reef Drive, Tampa, FL 33602

1c. Date of incorporation: 7/7/94 Document number: L94000000309

2. The name and address of the current registered agent and office:

John H. Cronin, Jr.

2560 Gulf-to-Bay Blvd. #200

Clearwater, FL 34625

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Gordon J. Schiff

400 N. Tampa Street

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.


(Signature of an officer, chairman or
vice chairman of the board)

9-22-97
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.


(Signature of Registered Agent)

September 22, 1997

(Date)

If signing on behalf of an entity:

Gordon J. Schiff

(Typed or Printed Name)

Registered Agent

(Capacity)

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