

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

22 MAY -1 AM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mylrum  
Secretary of State  
1900 BANKERS BUILDING

DOCUMENT # **H26683**

(3)

1. Corporation Name  
**MEDSCIENCE NUTRIENTS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
2700 C-3 TAMiami TRAIL SUITE C-3 PT. CHARLOTTE FL 33948 US		227 MIDDLETOWN ST. N.E. P. O. BOX 5078 PORT CHARLOTTE FL 33952	
21. State of Incorporation	26. State of Mailing Address	27. State of Mailing Address	
FL	FL	3520 MIDDLETOWN ST.	
23. City	28. City	P.O. Box	
		33952	
24. Country	29. Country	30. Country	
USA	USA	USA	

3. Date Report Filed for Filing	3a. Date of Last Report
10/23/1984	05/14/1994
4. FEI Number	Applied For
59-2467428	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contributions	
<input type="checkbox"/>	
8. This corporation has failed to comply with section 3.100(1)(f) Florida Statutes.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUXSTEP, MARTIN R. 227 MIDDLETOWN ST. N.E. PORT CHARLOTTE FL 33952 3520				81. Name			
				82. Street Address (P.O. Box Number or Not Applicable)			
				83. City			
				84. State			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 602.01(2)(a) and 607.15(1)(a) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to state in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.15(1)(a) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. AUTHORIZED AGENTS, REGISTERED AGENTS AND OFFICERS	
NAME	PD HUXSTEP, MARTIN R. 227 MIDDLETOWN ST. N.E. PORT CHARLOTTE FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY		CITY	
STATE	VD HUXSTEP, DONNA J. 227 MIDDLETOWN ST. N.E. PORT CHARLOTTE FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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