2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034381

Entity Name: NUTRAMEDIX, LLC

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

900 EAST INDIANTOWN ROAD 2885 JUPITER PARK DR.

SUITE 301 SUITE 1600

JUPITER, FL 33477 US JUPITER, FL 33458 US

Current Mailing Address: New Mailing Address:

900 EAST INDIANTOWN ROAD 2885 JUPITER PARK DR.

SUITE 301 SUITE 1600

JUPITER, FL 33477 US JUPITER, FL 33458 US

FEI Number: 46-0512501 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:

HODGE, BRUCE A
900 EAST INDIANTOWN ROAD
SUITE 301
JUPITER, FL 33477 US
HODGE, BRUCE A
2885 JUPITER PARK DR
SUITE 1600
JUPITER, FL 33458 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: 04/01/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 EATON, TIMOTHY J
 Name:

 Address:
 18349 SE HERITAGE DRIVE
 Address:

 City-St-Zip:
 TEQUESTA, FL 33469 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HODGE, BRÜCE A
 Name:

 Address:
 1114 VINTNER BLVD
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410 US
 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRUCE A HODGE MGRM 04/01/2008