# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 13, 2009**
**Secretary of State**

DOCUMENT# L06000017313

**Entity Name:** NUTRITIONAL HEALTH INSTITUTE LABORATORIES, LLC

**Current Principal Place of Business:**

2811-C INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2820 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2811-C INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

**New Mailing Address:**

2820 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308

**FEI Number: 20-4392280** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: GHAZVINI, MEHRAN P
Address: 2910 ROYAL PALM WAY
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GHAZVINI, MEHRAN P
Address: 4542 HIGHGROVE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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: MEHRAN GHAZVINI CEO 05/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date