

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017313

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2820 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2820 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 UN

**Current Mailing Address:**

2820 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-4392280      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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  
**Name:** GHAZVINI, MEHRAN P  
**Address:** 4542 HIGHGROVE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32309

I hereby 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      03/29/2012

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