

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026466

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: NUTRUVIA HOLDINGS LLC

**Current Principal Place of Business:**

200 S. ANDREWS AVE, SUITE 5C  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

200 S. ANDREWS AVE, SUITE 501  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 S. ANDREWS AVE, SUITE 5C  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

200 S. ANDREWS AVE, SUITE 501  
FORT LAUDERDALE, FL 33301

FEI Number: 20-8592545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WASHINGTON, SEAN  
200 S. ANDREWS AVE, SUITE 5C  
FORT LAUDERDALE, FL 33301 US

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

DE FILIPPO, ANTONIO F  
200 S. ANDREWS AVE, SUITE 501  
FORT LAUDERDALE, FL 33301 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: ANTONIO F. DE FILIPPO, M.D.

01/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MM ( ) Change (X) Addition  
Name: DE FILIPPO, ANTONIO F  
Address: 200 S. ANDREWS AVE, SUITE 501  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: M ( ) Change (X) Addition  
Name: WASHINGTON, SEAN  
Address: 200 S. ANDREWS AVE, SUITE 501  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: ANTONIO F. DE FILIPPO, M.D.

MM

01/31/2008

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