

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100989

Entity Name: NUTRITION PHYSICIAN LLC

FILED
Sep 24, 2010
Secretary of State

Current Principal Place of Business:

1500 NE 4TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1500 NE 4TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 51-0650444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, AMALE G
1500 NE 4TH AVENUE
BOCA RATON, FL 33432 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: MGRM
Name: SPREEN, ALLAN N
Address: 6446-45 EAST TRAILRIDGE CIRCLE
City-St-Zip: MESA, AZ 85215

Title: MGRM
Name: ANDERSON, AMALE G
Address: 1500 NE 4TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

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: AMALE ANDERSON

MGRM

09/24/2010

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