2012 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 04, 2012
Secretary of State

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Entity Name: NUTRITION PHYSICIAN LLC

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: AMALE ANDERSON

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 Statues.

SIGNATURE: AMALE ANDERSON MGRM 06/04/2012

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