2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# L07000113909

Entity Name: EASTWOOD MEDICAL NUTRITION CENTER, LLC

Current Principal Place of Business:

1626 NORTH PLAZA DRIVE
TALLAHASSEE, FLORIDA, 32308 US

New Principal Place of Business:

1626 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308 US

Current Mailing Address:

1626 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 26-1394725 **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:

MADIGAN, TERRELL C ESQ.
215 EAST THARPE STREET
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NORDBY, DOUG E
1713 MAHAN
TALLAHASSEE, FL 32308 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: DOUG NORDBY 05/03/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIBSON, JANET M.D.
Address: 1626 NORTH PLAZA DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JANET M. GIBSON D.O. MGRM 05/03/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date