

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113909

**FILED**  
**May 14, 2010**  
**Secretary of State**

**Entity Name:** EASTWOOD MEDICAL NUTRITION CENTER, LLC

**Current Principal Place of Business:**

1626 NORTH PLAZA DRIVE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1626 NORTH PLAZA DRIVE  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

1626 EAST PLAZA DRIVE  
TALLAHASSEE, FL 32308 US

**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:**

NORDBY, DOUG E  
1713 MAHAN  
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:** MGRM  
**Name:** GIBSON, JANET M.D.  
**Address:** 1626 NORTH PLAZA DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

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: JANET M. GIBSON

DR

05/14/2010

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