

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000028312

FILED
Mar 01, 2012
Secretary of State

Entity Name: NUTRICLINICS LLC

Current Principal Place of Business:

1000 VICTORIA PARK BLVD
4212
DAVENPORT, FL 33896

New Principal Place of Business:

Current Mailing Address:

1000 VICTORIA PARK BLVD
4212
DAVENPORT, FL 33896

New Mailing Address:

FEI Number: 45-2049308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, YINA E MRS
1000 VICTORIA PARK BLVD
4212
DAVENPORT, FL 33896 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: MEDINA, YINA E MRS
Address: 1000 VICTORIA PARK BLVD
City-St-Zip: DAVENPORT, FL 33896

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: YINA E. MEDINA

MGRM

03/01/2012

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