

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007081

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** DOCTORS NUTRITION, LLC

**Current Principal Place of Business:**

11320 FORTUNE CIR, G-1  
WELLINGTON, FL 33414

**New Principal Place of Business:**

11320 FORTUNE CIR, G-6  
WELLINGTON, FL 33414

**Current Mailing Address:**

11320 FORTUNE CIR, G-1  
WELLINGTON, FL 33414

**New Mailing Address:**

3350 NW BOCA RATON BLVD  
SUITE B38  
BOCA RATON, FL 33431

**FEI Number:** 20-4418257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GREEN, MITCHELL F ESQ  
4000 HOLLYWOOD BLVD  
STE 485 SOUTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

MOULAVI, SASSON  
3350 NW BOCA RATON BLVD  
STE B38  
BOCA RATON,, FL 33431 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:** SASSON MOULAVI

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MOULAVI, SASSON  
**Address:** 102 NE 2ND ST  
**City-St-Zip:** BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** MOULAVI, SASSON  
**Address:** 3350 NW BOCA RATON BLVD # B38  
**City-St-Zip:** BOCA RATON, FL 33431

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:** SASSON MOULAVI

MGR

03/19/2009

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