2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004810

Entity Name: NUTRITION PHYSIOLOGY COMPANY, LLC

Apr 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

702 N. QUINN STREET SUITE C GUYMON, OK 73942

Current Mailing Address: New Mailing Address:

702 N. QUINN STREET SUITE C GUYMON, OK 73942

FEI Number: 26-2623740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: **PRES** () Delete (X) Change () Addition DUPREE, DAVID W ANDRESON, PETE Name: Name:

200 CRESCENT COURT SUITE 1040 Address: 4550 WEST 109TH ST, SUITE 110 Address:

City-St-Zip: DALLAS, TX 75201 City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR () Delete Title: (X) Change () Addition WILLIAMS, BRNET D Name: LIND, DAVID Name:

Address: 200 CRESCENT COURT SUITE 1040 Address:

4550 WEST 109TH ST. SUITE 110 City-St-Zip: DALLAS, TX 75201 City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR () Delete Title: () Change () Addition

VAN DUINEN, SCOTT R Name: Name: 200 CRESCENT COURT SUITE 1040 Address: Address:

City-St-Zip: DALLAS, TX 75201 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition WARE, DOUGLAS R Name: WARE, DOUGLAS R Name:

200 CRESCENT COURT SUITE 1040 4550 WEST 109TH ST, SUITE 110 Address: Address: City-St-Zip: DALLAS, TX 75201 City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR () Delete Title: (X) Change () Addition

RAY, MICHAEL L RAY, MICHAEL L Name: Name:

200 CRESCENT COURT SUITE 1040 4550 WEST 109TH ST, SUITE 110 Address: Address: DALLAS, TX 75201 City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66211

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: DAVID LIND 04/08/2009