

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004810

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

**Entity Name:** NUTRITION PHYSIOLOGY COMPANY, LLC

**Current Principal Place of Business:**

702 N. QUINN STREET SUITE C  
GUYMON, OK 73942

**New Principal Place of Business:**

**Current Mailing Address:**

702 N. QUINN STREET SUITE C  
GUYMON, OK 73942

**New Mailing Address:**

**FEI Number:** 26-2623740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PRES  
Name: ANDRESON, PETE  
Address: 4550 WEST 109TH ST, SUITE 110  
City-St-Zip: OVERLAND PARK, KS 66211

Title: CFO  
Name: LIND, DAVID  
Address: 4550 WEST 109TH ST, SUITE 110  
City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR  
Name: VAN DUINEN, SCOTT R  
Address: 200 CRESCENT COURT SUITE 1040  
City-St-Zip: DALLAS, TX 75201

Title: MGR  
Name: WARE, DOUGLAS R  
Address: 4550 WEST 109TH ST, SUITE 110  
City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR  
Name: RAY, MICHAEL L  
Address: 4550 WEST 109TH ST, SUITE 110  
City-St-Zip: OVERLAND PARK, KS 66211

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: MICHAEL L. RAY

MGR

01/14/2010

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