

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004810

FILED
Jan 10, 2011
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 ()

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 RAY

MGR

01/10/2011

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