

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007580

FILED
May 04, 2012
Secretary of State

Entity Name: NORTH FLORIDA MEDICAL NUTRITION CENTER, INC.

Current Principal Place of Business:

1626 NORTH PLAZA DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1626 NORTH PLAZA DR
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 45-2908054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, JANET M
1626 NORTH PLAZA DR
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: CD
Name: GIBSON, JANET M DR
Address: 1626 NORTH PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VCD
Name: RICHARD, DARICE E DR
Address: 2109 EVERGREEN DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD
Name: PECKOO, ROSALEE J DR
Address: 100 NORTH MAIN ST
City-St-Zip: CHATTAHOOCHEE, FL 32324

Title: SD
Name: SHOTWELL, THERESA A DR
Address: 2110 PINK FLAMINGO LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: STRONG, CYNEETHA A DR
Address: 349 MEADOW RIDGE DR
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET M. GIBSON

PRES

05/04/2012

Electronic Signature of Signing Officer or Director

Date