2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2002 8:00 AM
Secretary of State

DOCUMENT# N45771

Entity Name: EAST CENTRAL DIETETIC ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 536217
ORLANDO, FL 328536217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 536217
ORLANDO, FL 328536217

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMMON, LINDA
13640 LK MARY JANE ROAD
ORLANDO, FL 32832 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: VPD ( ) Delete
Name: SCHULZ, VALERIE
Address: 1800 CROWLEY
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: AMMON, LINDA
Address: 13640 LAKE MARY JANE DR.
City-St-Zip: ORLANDO, FL 32832

Title: TD ( ) Delete
Name: EDITH, WELSH
Address: 6561 FRANCONIA DR.
City-St-Zip: ORLANDO, FL 32812

Title: SD ( ) Delete
Name: BORRALL, BARBARA
Address: 5528 A CINDERLANE PARKWAY
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMY LINDSAY NA 02/23/2002

Electronic Signature of Signing Officer or Director — Date