

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47711

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** INSTITUTE OF METABOLIC RESEARCH, INC.

**Current Principal Place of Business:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

3339 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

3229 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

3339 HIGHWAY 17  
GREEN COVE SPRINGS, FL 32043

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SOILEAU, JOHN  
3229 HWY 17  
GREEN COVE SPRINGS, FL 32043 US

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

SOILEAU, JOHN  
3339 HWY 17  
GREEN COVE SPRINGS, FL 32043 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SOILEAU, NINA  
Address: 6191 W. SHORES RD.  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: SOILEAU, JOHN  
Address: 6191 W. SHORES RD  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: SOILEAU, JON  
Address: 6191 W SHORES RD  
City-St-Zip: ORANGE PARK, FL

Title: P (X) Delete  
Name: SOILEAU, JOHN  
Address: 6191 W. SHORES RD  
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SOILEAU, NINA  
Address: 3339 HIGHWAY 17  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD (X) Change ( ) Addition  
Name: SOILEAU, JOHN  
Address: 3339 HIGHWAY 17  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D (X) Change ( ) Addition  
Name: SOILEAU, JON  
Address: 3339 HIGHWAY 17  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

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 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: JOHN SOILEAU

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date