## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # N9600003404  1. Entity Name THE TAMPA DIETETIC ASSOCIATION, INC.									04-21-20	04 9001	2 005 ****	61.25
Principal Place of Business 2780 E FOWLER AVE #149 TAMPA, FL 33612 US			2780 #149	Mailing Address 2780 E FOWLER AVE #149 TAMPA, FL 33612 US				i 1881   81 818	1878 BUU BBUA BBUU	<b></b>	<b>(6</b> 1)(0) <b>B</b> ( <b>B</b> () <b>W</b> ()(1 <b>B</b> )	37461
2. Principal Place of Business			3. Mail	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04062004	Chg-NP	CR2E	E037 (10/03)	
City & State			Cit	City & State				4. FEI Numbe 59-2230				pplied For ot Applicable
Zip	Zip Country		Zip		Cou	Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Curre	nt Registere	d Agent		ļ.,.			Address of New	Registere	d Agent	
ZAYAS, R	EGAN					Name	Su	SAD AL	verio			
2539 KRU						Street A	Name Susan Alverio Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F							1708 Woodmarker Ct					:
						ļ						
	-					City 2	Brar	don		F	L Zin Cin	5/0
	tions of regist	ty submits this statement tered agent:	t for the purpo	Susar	s register	ed office o Alv <i>es</i>	r register	ed agent, or bot	h, in the State of	Florida. I a	m familiar with	, and accept
	, Signeture, typed	printed name of registered ag	ent and title if app		TE: Registere	d Agent signat	ture required	when reinstating)	<i>CFCP71</i>	DATI	1117	
	Filing Fe	pe is \$61.25 May 1, 2004	ent and title if app		ımpaign F	inancing		\$5.00 May Br Added to Fees	6 FI	Make che	eck payable to	
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

L. Alverio

1/12/04 8/3-62/-2