

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 11, 2012
Secretary of State

DOCUMENT# N97000004461

Entity Name: BROWARD COUNTY DIETETIC ASSOCIATION, INC.**Current Principal Place of Business:**4015 WEST MCNAB RD
D306
POMPANO BEACH, FL 33069**New Principal Place of Business:**21325 NE 8TH PLACE
6
MIAMI, FL 33179**Current Mailing Address:**PO BOX 5925
FORT LAUDERDALE, FL 33310**New Mailing Address:****FEI Number:** 65-0424868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STAPELL, CHRISTINE
2339 WEDNESDAY STREET
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**STAPELL, CHRISTINE
2834 REMINGTON GREEN CIRCLE
102
TALLAHASSEE, FL 32308 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: _____

Electronic Signature of Registered Agent

05/11/2012

Date

OFFICERS AND DIRECTORS:**Title:** CO-P
Name: ORTIZ, NEDA R
Address: 2441 SW 82ND AVENUE APT 105
City-St-Zip: DAVIE, FL 33324**Title:** CO-P
Name: WEISSMAN, JESSICA A
Address: 10762 DENVER DRIVE
City-St-Zip: COOPER CITY, FL 33026**Title:** T
Name: BOYCE, DYNICE C
Address: 21325 NE 8TH PLACE #6
City-St-Zip: MIAMI, FL 33179

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: DYNICE BOYCE

T

05/11/2012

Electronic Signature of Signing Officer or Director

Date