6/2/(

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 21, 2001 8:00 am**
**Secretary of State**

06-02-2001 90008 014 ****61.25

DOCUMENT # N97000007163

(VA)

1. Entity Name
Manasota Dietetic Association Incorporated
49

Principal Place of Business — Mailing Address
4911 Aron Lane
Sarasota, FL 34238

[redacted]

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1006115 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**
Rachel Chambers
4911 Aron Lane
Sarasota FL 34238

**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. 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 Rachel Chambers — 5/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**Make Check Payable to: Department of State**

**10. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | P | ☒ Delete |
| NAME | Rachel Chambers | |
| STREET ADDRESS | 4911 Aron Lane | |
| CITY-ST-ZIP | Sarasota FL 34238 | |
| TITLE | | ☒ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | ☐ Delete |
| NAME | Marylee Mull | |
| STREET ADDRESS | 1370 Carlton Arms Dr Apt B | |
| CITY-ST-ZIP | Bradenton, FL 34208 | |
| TITLE | | ☒ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| | | |
|---|---|---|
| TITLE | P (D) | ☒ Change ☐ Addition |
| NAME | Sallie L. Engler | |
| STREET ADDRESS | 7821 Troon Ct | Manorcare of Venice |
| CITY-ST-ZIP | Bradenton, FL 34202 | 1450 Venice Ave East Venice FL 34285 |
| TITLE | VP (D) | ☒ Change ☐ Addition |
| NAME | Louise Kondell | |
| STREET ADDRESS | 5014 Olive Rd | Davita Dialysis 816 Pinebrook Rd |
| CITY-ST-ZIP | Venice, FL 34293 | Venice, FL 34285 |
| TITLE | S (D) | ☐ Change ☐ Addition |
| NAME | Marylee Mull | Insinus Medical Care |
| STREET ADDRESS | 1370 Carlton Arms Dr Apt B | 5902 Pointe West Blvd |
| CITY-ST-ZIP | Bradenton, FL 34208 | Bradenton FL 34209 |
| TITLE | T (D) | ☒ Change ☐ Addition |
| NAME | Flurey Miller | |
| STREET ADDRESS | 12723 Rockrose Glen | self employed |
| CITY-ST-ZIP | Bradenton, FL 34202 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E037 (11/00)

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Rachel A. Chambers / RDLD — 5/26/01 — 941-483-7528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #