

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000050690

Entity Name: MD DIETS, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

1334 TIMBERLANE ROAD
SUITE 3
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

PO BOX 13325
TALLAHASSEE, FL 323175325

New Mailing Address:

FEI Number: 59-3647084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEAL MAGNUSON
1334 TIMBERLANE RD. SUITE 3
TALLAHASSEE, FL 32312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: PERKINS, DANIEL B MD
Address: 3201 SHIMMEE LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD () Delete
Name: EASTERLING, REBECCA E
Address: 7336 OX BOW CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Delete
Name: MAGNUNSON, MICHAEL
Address: 10523 BLUE WAY COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: MILLS, MARK R
Address: 539 E 7TH AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WRIGHT, MICHAEL
Address: ROUTE 3 BOX 42
City-St-Zip: BRISTOL, FL 32321

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL PERKINS

PDC

05/03/2004

Electronic Signature of Signing Officer or Director

Date