

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90091 007 ***150.00

DOCUMENT # P00000050690

1. Entity Name
MD DIETS, INC.



Principal Place of Business
**1637 METROPOLITAN BLVD., STE A
TALLAHASSEE FL 32308**

Mailing Address
**1637 METROPOLITAN BLVD., STE A
TALLAHASSEE FL 32308**



2. Principal Place of Business
**1334 Timberlane Road
Suite, Apt. #, etc.
Suite 3**

3. Mailing Address
**PO Box 13325
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee, FL

City & State
Tallahassee, FL

4. FEI Number
59-3647084

Applied For
☐ Not Applicable

Zip
32312

Country
USA

Zip
32317-3325

Country
USA

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

6. Name and Address of Current Registered Agent

**PERKINS, DANIEL B M.D.
1637 METROPOLITAN BLVD., STE A
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name
Michael Magnuson
Street Address (P.O. Box Number is Not Acceptable)
1334 Timberlane Rd, Suite 3
City
Tallahassee FL Zip Code
32312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael P. Magnuson, Director of Operations** 3/12/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, DANIEL B MD 9916 BEAVER RIDGE TR TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTERLING, REBECCA E 7336 OX BOW CIR TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JAMES E 8105 HOLLY RIDGE TR TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, MARK R 539 E 7TH AVE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/E Perkins, Daniel B MD 3201 Shimmee Lane Tallahassee, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Jed Hiers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Michael Magnuson 10523 Blue Wing Court Tallahassee, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Wright Route 3, Box 42 Bristol, FL 32321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **Michael P. Magnuson** 3/18/2003 850-201-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0046237 AV

CR2E034 (10/02)