

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000098620

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** NUTRITION CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

1100 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

5990 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

1100 WEST COMMERCIAL BLVD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

5990 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FL 33308

**FEI Number:** 20-0227215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** NEEDHAM, AMBER  
**Address:** 5990 NORTH FEDERAL HIGHWAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33308

**Title:** P  
**Name:** THOMPSON, ROBERT  
**Address:** 5990 NORTH FEDERAL HIGHWAY  
**City-St-Zip:** FT. LAUDERDALE, FL 33308

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

**SIGNATURE:** ROBERT THOMPSON

P

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date