

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90094 003 ***158.75

DOCUMENT # P04000117787	
1. Entity Name ORTHOMOLECULAR NUTRITION AND WEIGHT MANAGEMENT, INC.	

Principal Place of Business 12126 SEMINOLE BLVD 5 LARGO, FL 33778	Mailing Address 12126 SEMINOLE BLVD 5 LARGO, FL 33778
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
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City & State	City & State
Zip	Country

40002974



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 74-3136746	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCABE, KATHRYN D 12126 SEMINOLE BLVD 5 LARGO, FL 33778	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9225 Ulmerton Rd, Ste 312 City FL Zip Code 33771	
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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 a registered agent.

SIGNATURE:  1-8-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MCCABE, KATHRYN D 12126 SEMINOLE BLVD LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VP McCabe, Patrick W. 9225 Ulmerton Rd Ste 312 Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9225 Ulmerton Rd Ste 312 Largo, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1-8-08 (727) 518-9808