

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000108222

FILED
Jan 29, 2009
Secretary of State

Entity Name: TOTAL NUTRITION AND THERAPEUTICS P.A.

Current Principal Place of Business:

39830 CR 452
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

39830 CR 452
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 26-1331456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDICK, ARLENE C ESQ.
39245 TACOMA DRIVE
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

ESAREY, LORI
39830 CR 452
LEESBURG, FL 34788 US

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: LORI ESAREY

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: RIVERS, STEVEN J MD
Address: 39233 TACOMA DRIVE
City-St-Zip: LADY LAKE, FL 32159

Title: T () Delete
Name: ESAREY, LORI
Address: 39830 CR 452
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: LORI ESAREY

OWNE

01/29/2009

Electronic Signature of Signing Officer or Director

Date