

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**96 MAY 10 PM 3:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000071568 (6)**

1. Corporation Name

**ZEPHYRHILLS HEALTH & NUTRITION, INC.**



Principal Place of Business: **7300 GALL BOULEVARD ZEPHYRHILLS FL 33541**  
 Mailing Address: **7300 GALL BOULEVARD ZEPHYRHILLS FL 33541**

3. Date Incorporated or Qualified: **09/14/1995**      3a. Date of Last Report  
 4. FEI Number: **65-0606775**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 SAME AS ABOVE**      2a. Mailing Address: **26 SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State: **22**      City & State: **27**  
 Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

**9. Name and Address of Current Registered Agent**  
**DEMESA, JAMES M MD**  
**3011 WEST BAY VIEW**  
**TAMPA FL 33611**

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: **FL**      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and their applicator (ONLY Registered Agent or Secretary retained when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996**

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>CEO</b>
3. STREET ADDRESS	<b>JAMES M. DEMESA, M.D.</b>
4. CITY-ST-ZIP	<b>3011 W. BAY VIEW</b>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>COO</b>
7. STREET ADDRESS	<b>JILL C. DEMESA</b>
8. CITY-ST-ZIP	<b>3011 W. BAY VIEW</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

**400001821144**  
~~05/14/96~~ **05/13/96**  
**\*\*\*\*225.00 \*\*\*\*225.00**

**mpl**  
**5-10-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Jill C. Demesa*      **JILL C. DEMESA**      **5/8/96**      **(813) 788-3772**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

CR2E034 (12/95)