

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000099375 (2)

1. Corporation Name

MEDICAL NUTRITION THERAPY OF FLORIDA, INC.

Principal Place of Business

3536 UNIVERSITY BLVD NORTH
SUITE 215
JACKSONVILLE FL 32277

Mailing Address

3536 UNIVERSITY BLVD NORTH
SUITE 215
JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/11/1997

4. FEI Number

59-347178

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KEASLER, FRANK R JR
7077 BONNEVAL ROAD
SUITE 120
JACKSONVILLE FL 32216

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

FRANK KEASLER JR.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/17/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHIM, EUNSHIL
STREET ADDRESS 9967 LARKDALE COURT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME TRCALEK, CATHY
STREET ADDRESS 8125 SANTILLO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME JONES, DONNA T
STREET ADDRESS 2216 BRENTFIELD RD W
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ DELETE

NAME KRING, JENNIFER
STREET ADDRESS 1948 LAKEWOOD CIRCLE SO
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE

NAME SMITH, NANCY D
STREET ADDRESS 181 MAGNOLIA ST
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700002536237

-05/27/98--01029--005

***150.00

14. 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 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:

Cathy Trcalek

Cathy Trcalek

4/17/98 (904) 737-6532

CR2E034 (10/97)