04161999-90004-028-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State
04-16-1999 90004 028 ***150.00

DOCUMENT # P97000099375

1. Corporation Name
MEDICAL NUTRITION THERAPY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3538 UNIVERSITY BLVD NORTH SUITE 215 JACKSONVILLE FL 32277	3538 UNIVERSITY BLVD NORTH SUITE 215 JACKSONVILLE FL 32277

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/11/1997

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24) Country (25):
Zip (29) Country (30):

4. FEI Number: 59-3477178 — 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

7. This corporation owes the current year Intangible Personal Property Tax. ☐ 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

10.1 Name: Smith Hulsey & Busey
10.2 Street Address (P.O. Box Number is Not Acceptable): 1800 First Union Nat'l Bank Tower
10.3: 225 Water ST
10.4 City: Jacksonville FL 10.5 Zip Code: 32202

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: By: Smith Hulsey & Busey — Vice-President — 5/13/99
(Signature, typed or printed name of registered agent and title if corporation) (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIM, EUNSHIL 9987 LARKDALE COURT JACKSONVILLE FL 32257	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRCALEK, CATHY 8125 SANTILLO DRIVE JACKSONVILLE FL 32217	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, DONNA T 2216 BRENTFIELD RD W JACKSONVILLE FL 32225	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRING, JENNIFER 1948 LAKEWOOD CIRCLE SO JACKSONVILLE FL 32207	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, NANCY D 181 MAGNOLIA ST ATLANTIC BEACH FL 32233	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Cathy Trcalek (Cathy Trcalek) 4/11/99 (904) 998-4277
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

CR2E034 (11/98)