

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000099375

FILED
Jan 20, 2002 8:00 AM
Secretary of State

Entity Name: MEDICAL NUTRITION THERAPY OF FLORIDA, INC.

Current Principal Place of Business:

3536 UNIVERSITY BLVD NORTH
SUITE 215
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3536 UNIVERSITY BLVD NORTH
SUITE 215
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3477178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONNA T
3536 UNIVERSITY BLVD NORTH
SUITE 215
JACKSONVILLE, FL 32277

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHIM, EUNSHIL
Address: 9967 LARKDALE COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: TRCALEK, CATHY
Address: 8125 SANTILLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD () Delete
Name: JONES, DONNA T
Address: 2216 BRENTFIELD RD W
City-St-Zip: JACKSONVILLE, FL 32225

Title: VSTD () Delete
Name: SMITH, NANCY D
Address: 181 MAGNOLIA ST
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHIM, EUNSHIL
Address: 2134 NOBILI AVE
City-St-Zip: SANTA CLARA, CA 95051 US

Title: VD (X) Change () Addition
Name: TRCALEK, CATHY
Address: 4889 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257 US

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 for the exemption stated in Section 119.07(3)(i), 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: NANCY SMITH

VSTD

01/20/2002

Electronic Signature of Signing Officer or Director

_____ Date