2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P97000099375

Entity Name: MEDICAL NUTRITION THERAPY OF FLORIDA, INC.

Current Principal Place of Business:

3100UNIVERSITY BLVD SOUTH
SUITE 218
JACKSONVILLE, FL 32216

New Principal Place of Business:

3100UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216

Current Mailing Address:

3100 UNIVERSITY BLVD SOUTH
SUITE 218
JACKSONVILLE, FL 32216

New Mailing Address:

3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216

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
3100 UNIVERSITY BLVD SOUTH
SUITE 218
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

JONES, DONNA T
3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216 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: 03/07/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHIM-MCKENNA, EUNSHIL
Address: 4412 NW 9TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

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

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: NANCY D. SMITH VSTD 03/07/2006
Electronic Signature of Signing Officer or Director — Date