2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MEDICAL NUTRITION THERAPY OF FLORIDA, INC.

Current Principal Place of Business:

3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216

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
3100 UNIVERSITY BLVD SOUTH
SUITE 220
JACKSONVILLE, FL 32216 US

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

OFFICERS AND DIRECTORS:

Title: VD
Name: JONES, DONNA T
Address: 2216 BRENTFIELD RD W
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: PD
Name: TRCALEK, CATHY
Address: 4889 JAYBIRD CIRCLE N
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby 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 all other like empowered.

SIGNATURE: DONNA TOMS JONES VD 04/12/2012

Electronic Signature of Signing Officer or Director — Date