2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

6. Name and Address of Current Registered Agent = -

Suite, Apt. #, etc.

STE 202

US

26133 US HWY 19 N

CLEARWATER FL 33763

DOCUMENT # V34445

1. Entity Name

Principal Place of Business

2. Principal Place of Business

26133 US HWY 19 N

CLEARWATER FL 33763

Suite, Apt. #, etc.

City & State

Zip

STE 202

US

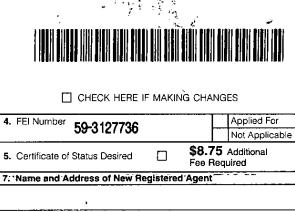
DIETETIC CONSULTING SERVICES, INC.

Country



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90198 033 ***150.00



SHELL-CORRELL, BARBARA 3030 MARLO BLVD.			name	Name ,					
			Street Address (P.O. Box Number is Not Acceptable)						
CLEARWA	TER FL 33759								
12			City			FL	Zip Code	e	
O The chave	named antity as basis this statement for the asses	and of abandina its re-	nistered office or	registered age	nt or both in the State of Elevida		niliar with	and accept	
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.0 Added	0 May Be to Fees	
10.	OFFICERS AND DIRECTO	RS	11.	ADD	DITIONS/CHANGES TO OFFICER	S AND [IRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE	İ		[Change	☐ Addition	
NAME	SHELL-CORRELL, BARBARA		NAME	ì					
STREET ADDRESS	3030 MARLO BLVD.		STREET ADDRESS	}					
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE			l	Change	☐ Addition	
NAME	CORRELL, PAUL W JR		NAME						
STREET ADDRESS CITY-ST-ZIP	3030 MARLO BLVD CLEARWATER FL 33759		STREET ADDRESS CITY-ST-ZIP						
TITLE -	CLEARWAIEN FE 30/09		TITLE		والمراق ميواد الخياريسية المستهيران المسي	r	∃-Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRÉSS CITY-ST-ZIP						
OTT-01-EII			On F-UI-EII						

Country

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

5/27/0

127-796-842