

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016488

**Entity Name:** THE MEDICAL NUTRITION CENTER, LLC

**Current Principal Place of Business:**

1646 WEST SNOW AVENUE  
15  
TAMPA, FL 33606

**Current Mailing Address:**

1646 WEST SNOW AVENUE  
15  
TAMPA, FL 33606 US

**FEI Number:** 27-4933908

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRODER, JENNIFER  
1646 WEST SNOW AVENUE  
15  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRODER, JENNIFER  
Address 1646 WEST SNOW AVENUE  
15  
City-State-Zip: TAMPA FL 33606

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER BRODER

MGR

09/13/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date