

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000016488

Entity Name: THE MEDICAL NUTRITION CENTER, LLC

Current Principal Place of Business:

4205 S MACDILL AVE
TAMPA, FL 33611

Current Mailing Address:

4230 S MACDILL AVE
TAMPA, FL 33611 US

FEI Number: 27-4933908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRODER, JENNIFER
1006 NORMANDY TRACE ROAD
TAMPA, FL 33602 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 1006 NORMANDY TRACE ROAD
City-State-Zip: TAMPA FL 33602

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

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date