## 2018 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

#### 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

#### 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

04/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

# FILED Apr 25, 2018 Secretary of State CC5587640297

Date