2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2024
Secretary of State
5352993555CC

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Entity Name: NUTRICARE MEDICAL NUTRITION INSTITUTE - USA LLC

Current Principal Place of Business:

1856 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223

Current Mailing Address:

1856 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223 US

FEI Number: 92-3026685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	AMBR	Title	AMBR
Name	CLARK, DAVID	Name	NGUYEN DUC MINH
Address	1856 WHISPERING PINES CIRCLE	Address	MY DINH 2 NAM TU LIEM 1505 - SICO BUILDING
City-State-Zip:	ENGLEWOOD FL 34223	City-State-Zip:	HANOI HANOI

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: DAVID CLARK MANAGER-OWNER 01/19/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date