

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062010

FILED
Feb 18, 2005
Secretary of State

Entity Name: NATURAL MEDICINE CENTER OF LAKE LAND L.L.C.

Current Principal Place of Business:

315 DORIS DRIVE
LAKE LAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

315 DORIS DRIVE
LAKE LAND, FL 33813

New Mailing Address:

FEI Number: 20-1527732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDI-THERM IMAGING, INC
315 DORIS DRIVE
LAKE LAND, FL 33813 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEDI-THERM IMAGING,, INC
Address: 315 DORIS DRIVE
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CAROL CHANDLER

MGR

02/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date