

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062010

FILED
Mar 23, 2009
Secretary of State

Entity Name: NATURAL MEDICINE CENTER OF LAKELAND L.L.C.

Current Principal Place of Business:

315 DORIS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

315 DORIS DRIVE
LAKELAND, 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
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

CHANDLER, CAROL E
315 DORIS DRIVE
LAKELAND, FL 33813 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: CAROL CHANDLER

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHANDLER, CAROL E
Address: 315 DORIS DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/23/2009

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