


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000009897  
 1. Entity Name  
 THE NATURAL MEDICINE FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 3808 N. TAMiami TRAIL      3808 N. TAMiami TRAIL  
 SARASOTA, FL 34234      SARASOTA, FL 34234

**DO NOT WRITE IN THIS SPACE**



04272006 No Chg-NP      CR2E037 (11/05)

4. FEI Number 27-0124822	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 O'DONNELL, CYNTHIA  
 2330 MIETAW DR  
 SARASOTA, FL 34239

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Cynthia O'Donnell CEO*      *Cynthia O'Donnell CEO*      *4/27/06*  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, CYNTHIA 2330 MIETAW DR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000539756  
 05/09/06-80111-024 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia O'Donnell CEO*      *Cynthia O'Donnell CEO*      *4/27/06*      *9413559080*  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #