

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 SEP 25 PM 1:28

DOCUMENT # **P00000111784**
 1. Entity Name **NATURAL MEDICINE, INC.**

Principal Place of Business Mailing Address
1521 ALTON ROAD #512 1521 ALTON ROAD #512
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

2. Principal Place of Business 3. Mailing Address

State, Apt. #, etc. State, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1060346** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WILLIAM L. ROWLAND
1590 N.W. 10TH AVE, # 304
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR WILLIAM ROWLAND 1590 N.W. 10TH AVE #304 BOCA RATON, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EDWARD HALE 1521 ALTON RD #512 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004618500 -10/01/01--01077--007 ***150.00 ***150.00	<input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **6.18.01**

CR2E034 (11/00)

NATURAL MEDICINE, INC.
1521 Alton Road, #512
Miami Beach, FL 33139

98292

June 12, 2001

Division of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Natural Medicine, Inc.

Dear Sir/Madam:

Enclosed is our application with a check for \$150.00 to cover the unpaid Uniform Business Report fee.

My company is a small business which has been going through growing pains, one of which was moving. According to your records, my last pre-printed Uniform Business Report went to my old address, 1590 N.W. 10th Avenue #304, Boca Raton, FL 33486.

When my new C.P.A. brought to my attention that the report was due again, we called the Division of Corporations in order to determine the address where my paperwork was being mailed

I am requesting your understanding of the events that took place, and would appreciate it if the \$400.00 penalty fee be waived, as at this time any additional fees would be a hardship on my company's cash flow.

Thanking you in advance for your help in this matter.

Sincerely,

Edward Hale, Vice-President