2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076566

City-St-Zip:

Entity Name: BROWARD NATURAL MEDICINE, INC.

CORAL SPRINGS, FL 33071 US

FILED Apr 13, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
2550 N FEDERAL HWY #7	2550 N FEDERAL HWY SUITE #7
FT. LAUDERDALE, FL 33305 US	FT. LAUDERDALE, FL 33305 US
Current Mailing Address:	New Mailing Address:
1248 NW 89TH DR. CORAL SPRINGS, FL 33071 US	2550 N FEDERAL HWY SUITE #7 FT. LAUDERDALE, FL 33305 US New Mailing Address: Per Applied For () FEI Number Not Applicable () Certificate of Status Desired () Injustered Agent: Name and Address of New Registered Agent: Statement for the purpose of changing its registered office or registered agent, or both, Per of Registered Agent Date Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition
FEI Number: 20-1537253 FEI Number Applied	d For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered	Agent: Name and Address of New Registered Agent:
PEARSON SMITH, RUTH 1248 NW 89TH DR. CORAL SPRINGS, FL 33071 US	
The above named entity submits this statem in the State of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Reg	gistered Agent Date
Election Campaign Financing Trust Fund Contribu	ition ().
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P () Delete Name: PEARSON SMITH, RUTH Address: 1248 NW 89TH DR.	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 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH PEARSON SMITH Ρ 04/13/2005