

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164369

FILED
Mar 06, 2007
Secretary of State

Entity Name: NATURAL MEDICINE & PAIN CENTER, P.A.

Current Principal Place of Business:

1510 MASON AVE.
DAYTONA BCH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1510 MASON AVE.
DAYTONA BCH, FL 32117

New Mailing Address:

FEI Number: 20-3963789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN THIELEN, MICHEL
1510 MASON AVE.
DAYTONA BCH, FL 32117 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN THIELEN, MICHEL
Address: 1510 MASON AVE.
City-St-Zip: DAYTONA BCH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: VAN THIELEN, MICHEL
Address: 1510 MASON AVE.
City-St-Zip: DAYTONA BCH, FL 32117

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MICHEL VAN THIELEN

DR

03/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date