

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 002 ****61.25



DOCUMENT # P09103
 1. Entity Name
AMERICAN NATURAL HYGIENE SOCIETY, INC.

Principal Place of Business
**14204 CARLSON CIR
 TAMPA, FL 33626**

Mailing Address
**PO BOX 30630
 TAMPA, FL 33630 US**

20040343



2. Principal Place of Business
12115 Wasatch Ct

3. Mailing Address
 Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State
Tampa, FL

City & State

Zip
33624

Country
USA

4. FEI Number
36-2692857

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KUTCHINS, BRYAN A
 3974 TAMPA RD
 SUITE A
 OLDSMAR, FL 34677**

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

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EPSTEIN, MARK 1601 W. SCHOOL ST., UNIT 203 CHICAGO, IL 60657 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUDNIK, LINDA 14204 CARLSON CIR TAMPA, FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBERMAN, MARK 4620 EUCLID BLVD YOUNGSTOWN, OH 44512 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BARBARA 1535 N. TAYLOR ST ARLINGTON, VA 22207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOVICK, JEFF 740 W. 51ST ST MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOWAKOWSKI, JOHN 4041 SW 72ND DRIVE DAVIE, FL 33314 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	Director <input checked="" 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	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Grudnik* Linda Grudnik 7/14/06 813-961-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Document # P09103

ATTACHMENT

20048949

Alan Goldhamer, D.C.

Director

4310 Lichau Rd

Penngrove, CA 94951

Joel Fuhrman, M.D.

Director

22 Buchanan Way

Flemington, NJ 08822

Jerry Deutsch

President

7 Jaegger Dr.

Glen Head, NY 11545