

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000006201

**FILED  
Apr 30, 2015  
Secretary of State  
CC6229868511**

**Entity Name:** TRUTH IN MEDICINE INCORPORATED

**Current Principal Place of Business:**

1521 ALTON ROAD #507  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1521 ALTON ROAD #507  
MIAMI BEACH, FL 33139 US

**FEI Number:** 27-0447271

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

KEETON, LANA  
1521 ALTON ROAD #507  
MIAMI BEACH, FL 33139 US

*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

**Officer/Director Detail :**

Title PD  
Name KEETON, LANA C  
Address 1602 ALTON ROAD #423  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name VILLOCH, K  
Address 1307 DAYTONIA ROAD  
City-State-Zip: MIAMI BEACH FL 33141

Title SD  
Name SMITH, BARBARA B  
Address 2445 FLAMINGO PLACE  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANA C. KEETON

**PRESIDENT**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date