

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012676

**Entity Name:** PLANT-BASED MEDICINE AND NUTRITION INC.

**Current Principal Place of Business:**

5233 S AUSTIN PT  
HOMOSASSA, FL 34446

**Current Mailing Address:**

5233 S AUSTIN PT  
HOMOSASSA, FL 34446

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GRAHAM, MIRANDA E DR.  
5233 S AUSTIN PT  
HOMOSASSA, FL 34446 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 P  
Name GRAHAM, MIRANDA E DR.  
Address 5233 S AUSTIN PT  
City-State-Zip: HOMOSASSA FL 34446

Title VP  
Name GRAHAM, JANANNE P  
Address 5233 S AUSTIN PT  
City-State-Zip: HOMOSASSA FL 34446

Title T  
Name GRAHAM, DELANEY A  
Address 5233 S AUSTIN PT  
City-State-Zip: HOMOSASSA FL 34446

*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:** MIRANDA E GRAHAM

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date