

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000020703

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC7788699506**

**Entity Name:** NATURAL MEDICINE SOLUTION CORP

**Current Principal Place of Business:**

2300 WEST 84TH STREET  
209  
HIALEAH, FL 33016

**Current Mailing Address:**

500 SW 132 TERRACE  
DAVIE, FL 33325 US

**FEI Number:** 46-4991012

**Certificate of Status Desired:** No

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

RODRIGUEZ, REINALDO SR  
2300 W 84 ST  
HIALEAH, FL 33016 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:** REINALDO RODRIGUEZ

02/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RODRIGUEZ , REINALDO SR  
Address 2300 W 84 ST  
City-State-Zip: HIALEAH FL 33016

Title VP  
Name TORRES, YAMARELIS  
Address 2300 WEST 84TH STREET  
209  
City-State-Zip: HIALEAH FL 33016

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

**SIGNATURE:** REINALDO RODRIGUEZ

**PRESIDENT**

02/27/2015

Electronic Signature of Signing Officer/Director Detail

Date