

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012426

Entity Name: NATURAL MEDICINE, INC.

Current Principal Place of Business:

717 SE 2ND STREET
SUITE 203
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1229 NE 17TH WAY
FT.LAUDERDALE, FL 33304

FEI Number: 65-0845898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREIG, SCOTT A
1229 NE 17TH WY
FORT LAUDERDALE, FL 33304 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 GREIG, SCOTT A
Address 1229 NE 17TH WY
City-State-Zip: FORT LAUDERDALE FL 33304

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: SCOTT GREIG

PD

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date