

**2023 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

03/28/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date