

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062010

**Entity Name:** NATURAL MEDICINE CENTER OF LAKE LAND L.L.C.

**Current Principal Place of Business:**

315 DORIS DRIVE  
LAKE LAND, FL 33813

**Current Mailing Address:**

315 DORIS DRIVE  
LAKE LAND, FL 33813

**FEI Number:** 20-1527732

**Certificate of Status Desired:** No

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

BOATRIG HT, ANGELA R  
315 DORIS DRIVE  
LAKE LAND, FL 33813 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:** ANGELA R BOATRIG HT

02/11/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BOATRIG HT, ANGELA R  
Address 315 DORIS DRIVE  
City-State-Zip: LAKE LAND FL 33813

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANGELA R BOATRIG HT

MGRM

02/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date