

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000009785

Entity Name: NATURAL MEDICINE FORMULAS, LLC

Current Principal Place of Business:

2401 PGA BLVD., SUITE 132
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

2401 PGA BLVD., SUITE 132
PALM BEACH GARDENS, FL 33410

FEI Number: 45-4290513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROFANO, THOMAS DR.
2401 PGA BLVD., SUITE 132
PALM BEACH GARDENS, FL 33410 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

Authorized Person(s) Detail :

Title MGR
Name ROFRANO, THOMAS
Address 2401 PGA BLVD., SUITE 132
City-State-Zip: PALM BEACH GARDENS FL 33410

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

SIGNATURE: THOMAS ROFRANO

MGR

01/30/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date