

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000118780

**Entity Name:** NATURAL MEDICINE PHYSICIANS, LLC

**Current Principal Place of Business:**

11115 SW 93RD COURT ROAD  
600  
OCALA, FL 34481

**Current Mailing Address:**

11115 SW 93RD COURT ROAD  
600  
OCALA, FL 34481 US

**FEI Number:** 59-3616510

**Certificate of Status Desired:** No

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

LEMIRE, JAMES  
11115 SW 93RD COURT ROAD  
600  
OCALA, FL 34481 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 LEMIRE, JAMES  
Address 11115 SW 93RD COURT ROAD  
City-State-Zip: 600 FL 34481

*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:** JAMES E LEMIRE, MD, PA

**PRESIDENT**

**07/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date