

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000118780

Entity Name: NATURAL MEDICINE PHYSICIANS, LLC

Current Principal Place of Business:

11115SW 93RD COURT ROAD
600
OCALA, FL 34481

Current Mailing Address:

11115SW 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
11115SW 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

PRESIDENT

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date