

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061940

Entity Name: NATURALPHARM, LLC

FILED  
Feb 19, 2009  
Secretary of State

**Current Principal Place of Business:**

4789 S. CITATION DRIVE, SUITE 106  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

101 PUGLIESE'S WAY  
DELRAY BEACH, FL 33444 US

**Current Mailing Address:**

4789 S. CITATION DRIVE, SUITE 106  
DELRAY BEACH, FL 33445

**New Mailing Address:**

101 PUGLIESE'S WAY  
DELRAY BEACH, FL 33444 US

FEI Number: 20-3115711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HART, BRIAN A  
2333 PONCE DE LEON BOULEVARD  
SUITE 303  
CORAL GABLES, FL 331340000 US

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

REAMER, JOSEPH  
101 PUGLIESE'S WAY  
SUITE 200  
DELRAY BEACH, FL 33444 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: JOSEPH REAMER

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR ( ) Delete  
Name: ROSENBERG, MARK A MD  
Address: 4789 S. CITATION DR. #106  
City-St-Zip: DELRAY BEACH, FL 33445 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PUGLIESE, ANTHONY V III  
Address: 101 PUGLIESE'S WAY  
City-St-Zip: DELRAY BEACH, FL 33444 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ANTHONY V. PUGLIESE III

MGR

02/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date