

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90189 027 ***150.00

DOCUMENT # L34575

1. Entity Name
NATURAL MEDICINE CENTER INC.

Principal Place of Business C/O THOMAS A. ROFRANO 9850 ALTERNATE A1A, SUITE 509 PALM BEACH GARDENS FL 33410	Mailing Address C/O THOMAS A. ROFRANO 9850 ALTERNATE A1A, SUITE 509 PALM BEACH GARDENS FL 33410-4936
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0161639**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROFRANO, THOMAS A.
 9850 ALTERNATE A1A, SUITE 509
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROFRANO, THOMAS A. 9850 ALTERNATE A1A #509 PALM BCH. GARDENS FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1-22-00** DAYTIME PHONE #: **5616275816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)