

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006201

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** TRUTH IN MEDICINE INCORPORATED

**Current Principal Place of Business:**

1521 ALTON ROAD #198  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1521 ALTON ROAD #198  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 27-0447271      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

KEETON, LANA  
1521 ALTON ROAD #198  
MIAMI BEACH, FL 33139      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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** KEETON, LANA C  
**Address:** 1602 ALTON ROAD #423  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** VD  
**Name:** SHULL, JAMES P  
**Address:** 1803 EVERGREEN BOULEVARD  
**City-St-Zip:** BROWNS MILLS, NJ 08015

**Title:** D  
**Name:** VILLOCH, K  
**Address:** 1307 DAYTONIA ROAD  
**City-St-Zip:** MIAMI BEACH, FL 33141

**Title:** SD  
**Name:** SMITH, BARBARA B  
**Address:** 2445 FLAMINGO PLACE  
**City-St-Zip:** MIAMI BEACH, FL 33140

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LANA C. KEETON

PD

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date