2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT							Amended				
DOCUMENT # P02000116537 1. Entity Name THE NATURAL MEDICINE AND WELLNESS CENTER OF							FILED				
THE NATURAL MEDICINE AND WELLNESS CENTER OF FLORIDA, INC.							05 MAR 15 PM 12: 11				
Principal Place of Business Mailing Address								orout IAR	Y 13F 3	IATE.	
5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256 US			5150 BELFORT ROAD BUILDING 400 Jacksonville, FL 32256 US					SECRETAR TALLAHASS			CON A OCC
2. Principal Place of Business			3. Mailing Address								
4237 SALISBURY ROAD			4237 SALISBURY ROAD Suite, Apt. #, etc.			-	03102005	Chg-P	CR2E	034 (10/03)	
SUITE 110 City & State			SUITE 110 City & State				4. FEI Numb				oplied For
JACKSONVILLE, FL			CKSONVILLE,			04-372			No	ot Applicable	
Zip 32216	Country		Zip 2216	Count	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of C	urrent Regis	stered Agent		Name		7. Name and	Address of New R	legistered	Agent	
-COHEN, NORMAN'S M.D.						Address (P.O. Box Number is Not Acceptable)					
5150 BELI BUILDING	FORT ROAD 3 400				Sireet Addit		BOX NUMB	er is not acceptable	=)		
JACKSON	IVILLE, FL 32256				_					<u>, </u>	
					City				FL	_	
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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE 3-14-05											
Signature, typed of printed fame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campaign F Trust Fund Contribut 10. OFFICERS AND DIRECTORS											
			Trust Fund Cont	tribution.	· —		00 May Be d to Fees				
10.		S AND DIREC	Trust Fund Cont	-		Adde	d to Fees	CHANGES TO OFF	ICERS AN	D DIRECTOR:	S IN 11
10. TITLE NAME	OFFICERS PDVT COHEN, NORMAN S M.D.		Trust Fund Cont	11. TITLE	PD CO	Adde DT OHEN	ADDITIONS	N S., M.D.		XX Change	
10.	OFFICER:	IILDING 40	Trust Fund Cont	11. TITLE NAME	PD CO CT ADDRESS 51	Adde DT OHEN	ADDITIONS NORMA BELFORT	N S., M.D. ROAD, BUIL	DING	XX Change	
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