

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 031 \*\*\*150.00

<b>DOCUMENT # P05000084491</b>					
<b>1. Entity Name</b> NATURAL MEDICINE & WELLNESS CENTER OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 4237 SALISBURY RD BLDG 1, SUITE 110 JACKSONVILLE, FL 32216 US			<b>Mailing Address</b> 4237 SALISBURY RD BLDG 1, SUITE 110 JACKSONVILLE, FL 32216 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>202982697</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAYNE, PATSY 5150 BELFORT ROAD BUILDING 400 JACKSONVILLE, FL 32256			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) <b>11873 Olde Oaks Ct.</b> City <b>Jacksonville</b> FL Zip Code <b>32223</b>		
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 <u><i>Patsy Layne Patsy Layne</i></u> DATE <b>4-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required when renaming)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAYNE, PATSY 11873 OLDE OAKS COURT JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAYNE, THAD 11873 OLDE OAKS COURT JACKSONVILLE, FL 32223		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Patsy Layne Patsy Layne</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-26-06</b> Daytime Phone # <b>904-296-1116</b>		

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