

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90072 011 \*\*\*150.00

**DOCUMENT # P05000084491**

1. Entity Name  
**NATURAL MEDICINE & WELLNESS CENTER OF  
JACKSONVILLE, INC.**



Principal Place of Business Mailing Address  
4237 SALISBURY RD 4237 SALISBURY RD  
~~BLDG 1, SUITE 110~~ moved BLDG 1, SUITE 110  
JACKSONVILLE, FL 32216 US New Address JACKSONVILLE, FL 32216 US

40037966



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
8075 Gate Parkway West 8075 Gate Parkway West

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 302 Suite 302  
City & State City & State  
Jacksonville, FL Jacksonville, FL

Zip Country Zip Country  
32216 Duval 32216 Duval

03092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
20-2892697 Not Applicable

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

## 6. Name and Address of Current Registered Agent

LAYNE, PATSY  
11873 OLDE OAKS CRT  
JACKSONVILLE, FL 32223

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patsy Layne Patsy Layne owner 3-14-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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: Patsy Layne Patsy Layne 3-14-07 904-262-6795  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #