

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000084491

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



Principal Place of Business
**8075 GATE PARKWAY WEST
SUITE 302
JACKSONVILLE, FL 32216 US**

Mailing Address
**8075 GATE PARKWAY WEST
SUITE 302
JACKSONVILLE, FL 32216 US**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2892697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAYNE, PATSY
11873 OLDE OAKS CRT
JACKSONVILLE, FL 32223**

**DO NOT WRITE
IN THIS SPACE**

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: _____
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, 2008 Fee will be \$880.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	LAYNE, PATSY
STREET ADDRESS	11873 OLDE OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223

TITLE	TD
NAME	LAYNE, THAD
STREET ADDRESS	11873 OLDE OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32223

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/28/08-80049-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08
Date

904-296-1116
Daytime Phone #