## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035402

Entity Name: TAMPA NATURAL HEALTH, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:

2318 W LINEBAUGH AVE - STE A 7439 JILL LANE

TAMPA, FL 33612 ZEPHYRHILLS, FL 33540

Current Mailing Address: New Mailing Address:

2318 W LINEBAUGH AVE - STE A 7439 JILL LANE

TAMPA, FL 33612 ZEPHYRHILLS, FL 33540

FEI Number: 22-3922292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR
MIAMI, FL 33145 US

BERGENSTEN, ROBERT W
7439 JILL LANE
ZEPHYRHILLS, FL 33540

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: ROBERT W BERGENSTEN 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: BERGENSTEN, ROBERT W

Address: 2318 W LINEBAUGH AVE - STE A

City-St-Zip: TAMPA, FL 33612

 Title:
 VPSD
 ( ) Delete

 Name:
 BERGENSTEN, CHRISTINE D

 Address:
 2318 W LINEBAUGH AVE - STE A

City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PTD (X) Change ( ) Addition

Name: BERGENSTEN, ROBERT W

**New Principal Place of Business:** 

Address: 7439 JILL LANE

City-St-Zip: ZEPHYRHILLS, FL 33540

Title: VPSD (X) Change ( ) Addition

Name: BERGENSTEN, CHRISTINE D

Address: 7439 JILL LANE

City-St-Zip: ZEPHYRHILLS, FL 33540

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W BERGENSTEN PTD 04/30/2009