

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066943

FILED
Apr 13, 2007
Secretary of State

Entity Name: OCALA NATURAL MEDICINE, P.A.

Current Principal Place of Business:

2119 PINE RD.
OCALA, FL 34472

New Principal Place of Business:

2721 SE 23RD AVE
OCALA, FL 34471

Current Mailing Address:

2119 PINE RD.
OCALA, FL 34472

New Mailing Address:

2721 SE 23RD AVE
OCALA, FL 34471

FEI Number: 06-1781730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 32602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PODLASKI, JOHN A
Address: 2119 PINE RD.
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PODLASKI, JOHN A
Address: 2721 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A PODLASKI

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date