

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145199

Entity Name: THE NATURAL THERAPY CENTER INC

FILED  
Oct 02, 2007  
Secretary of State

## Current Principal Place of Business:

4001 SANTA BARBARA BLVD  
126  
NAPLES, FL 34104

## Current Mailing Address:

4001 SANTA BARBARA BLVD  
126  
NAPLES, FL 34104

## New Principal Place of Business:

1250 N. TAMiami TRAIL  
SUITE 208  
NAPLES, FL 34102

## New Mailing Address:

1250 N. TAMiami TRAIL  
SUITE 208  
NAPLES, FL 34102

FEI Number: 20-5909623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLACE, GARY  
6034 CHESTER AVE  
105  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

WALTZER, LEWIS N  
1250 N. TAMiami TRAIL  
SUITE 208  
NAPLES, FL 34102 US

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: LEWIS WALTZER

10/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALTZER, LEWIS N  
Address: 4001 SANTA BARBARA BLVD 126  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALTZER, LEWIS N  
Address: 1250 N. TAMiami TRAIL, SUITE 208  
City-St-Zip: NAPLES, FL 34102

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: LEWIS N. WALTZER

P

10/02/2007

Electronic Signature of Signing Officer or Director

Date