

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000145199

FILED
Oct 02, 2007
Secretary of State

Entity Name: THE NATURAL THERAPY CENTER INC

Current Principal Place of Business:

4001 SANTA BARBARA BLVD
126
NAPLES, FL 34104

New Principal Place of Business:

1250 N. TAMIAMI TRAIL
SUITE 208
NAPLES, FL 34102

Current Mailing Address:

4001 SANTA BARBARA BLVD
126
NAPLES, FL 34104

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