

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000145199

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** THE NATURAL THERAPY CENTER INC

**Current Principal Place of Business:**

1250 N. TAMIAMI TRAIL  
SUITE 208  
NAPLES, FL 34102

**New Principal Place of Business:**

4001 SANTA BARBARA BLVD  
#126  
NAPLES, FL 34104

**Current Mailing Address:**

4001 SANTA BARBARA BLVD  
APT. # 126  
NAPLES, FL 34104

**New Mailing Address:**

4001 SANTA BARBARA BLVD  
#126  
NAPLES, FL 34104

**FEI Number:** 20-5909623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WALTZER, LEWIS N  
670-4 LUISA LANE  
NAPLES, FL 34104 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: LW

04/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALTZER, LEWIS N  
Address: 670-4 LUISA LANE  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: LW

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date