

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057291

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE NATURE OF MEDICINE, INC.

Current Principal Place of Business:

291 CARROLL STREET
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

291 CARROLL STREET
CLERMONT, FL 34711

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISCONTI, MICHAEL A DR
291 CARROLL STREET
CLERMONT, FL 34711 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: P () Delete
Name: VISCONTO, MICHAEL A DR.
Address: 291 CARROLL STREET
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: VISCONTO, JUNE
Address: 13 JOAN LANE
City-St-Zip: WAPPINGERS FALLS, NY 12590

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VISCONTI, MICHAEL A DR.
Address: 291 CARROLL STREET
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: VISCONTI, JUNE
Address: 13 JOAN LANE
City-St-Zip: WAPPINGERS FALLS, NY 12590

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: MICHAEL VISCONTI

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date