## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000117509

Entity Name: PHYSICIAN'S NATURAL MEDICINE CLINIC, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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332 WEST OAK STREET
KISSIMMEE, FL 34741 US
326 WEST OAK STREET
KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

332 WEST OAK STREET
KISSIMMEE, FL 34741 US

326 WEST OAK STREET
KISSIMMEE, FL 34741 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

PEARSON, REBA R
332 WEST OAK STREET
KISSIMMEE, FL 34741 US
PEARSON, REBA R
326 WEST OAK STREET
KISSIMMEE, FL 34741 US
KISSIMMEE, FL 34741 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: REBA PEARSON 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: ABDUR, TAI Name: ABDUR, TAI

Address: 332 WEST OAK STREET
City-St-Zip: KISSIMMMEE, FL 34741 US
Address: 326 WEST OAK STREET
City-St-Zip: KISSIMMMEE, FL 34741 US

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: ABDUR TAI P 04/30/2008