

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043469

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** NATURAL THERAPEUTICS, INC.

**Current Principal Place of Business:**

4455 BAYMEADOWS RD  
SUITE 102  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

4455 BAYMEADOWS RD  
SUITE 102  
JACKSONVILLE, FL 32217

**New Mailing Address:**

**FEI Number:** 27-0321945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOGELSANG, MICHAEL  
4455 BAYMEADOWS RD  
SUITE 102  
JACKSONVILLE, FL 32217 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: VOGELSANG, MICHAEL E II  
Address: 5424 SANTA ROSA WAY  
City-St-Zip: JACKSONVILLE, FL 32211

Title: DVPS  
Name: VOGELSANG, ELISHA M  
Address: 5424 SANTA ROSA WAY  
City-St-Zip: JACKSONVILLE, FL 32211

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: MICHAEL E. VOGELSANG II

DPT

02/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date