

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075762

Entity Name: NATURAL CARE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7501 INTERBAY BLVD  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

7501 INTERBAY BLVD  
TAMPA, FL 33616 US

**New Mailing Address:**

FEI Number: 38-3804307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HELM, JOHN  
7501 INTERBAY BLVD  
TAMPA, FL 33616 US

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

HELM, JOHN E  
7501 INTERBAY BLVD  
TAMPA, FL 33616 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: JOHN E. HELM

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HELM, JOHN E  
Address: 7501 INTERBAY BLVD  
City-St-Zip: TAMPA, FL 33616 US

Title: VP  
Name: CLARK, DAVID M  
Address: 7501 INTERBAY BLVD  
City-St-Zip: TAMPA, FL 33616 US

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: JOHN E. HELM

PRES

04/26/2011

Electronic Signature of Signing Officer or Director

Date