1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054665

CENTER FOR NATURAL MEDICINE, INC.

	Principal Place of Business	Mailing Address
	5536 N PARK RD FT LAUDERDALE FL 33312	5536 N PARK RD FT LAUDERDALE FL 33312
_		the contract of the second

May 05, 1999 8:00 am Secretary of State

05-05-1999 90134 020 ***150.00

Principal Place of Business Mailing Address 5536 N PARK RD FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied	ied For
FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/02/1993	ied For
FT LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1993	ied For
3. Date incorporated or Qualifed 08/02/1993	ied For
08/02/1993	ied For
	ied For
2. Principal Place of Business Za. Mailing Address 4. FEI Number Applied	
NOT ADDITION IN NOTATION IN NO	Applicable
21	
5. Certificate of Status Desired ☐	
City & State City & State & Floring Compared Financing \$5.00 May	
23 28 Trust Fund Contribution Added to Fe	•
Zip Country Zip Country 8. This corporation owes the current year Intangible	
	ol pK
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
KARMAN, ROBERT R	
5536 N PARK RD 82 Street Address (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33312	
84 City FL 85 Zip Code	ode
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	egistered stered
SIGNATURE	egistered stered
Singulars, based or printed name of project agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	egistered stered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reasstating)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reanstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE Change	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R 1.2 NAME 1.2 NAME	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D Change C NAME KARMAN, ROBERT R STREET ADDRESS 5536 N PARK RD 1.3 STREET ADDRESS	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME KARMAN, ROBERT R 1.2 NAME STREET ADDRESS 5536 N PARK RD 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R 12 NAME STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 1.4 CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE Change Change	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 1.4 CITY-ST-ZIP TITLE NAME LAUDERDALE FL 33312 DELETE DELETE 2.1 TITLE NAME 2.2 NAME	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Change 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS CITY-ST-ZIP CHANGE 23 STREET ADDRESS CITY-ST-ZIP CHANGE C	S IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME STREET ADDRESS CITY-ST-ZIP TO Change CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP CONTY-ST-ZIP	S IN 12 Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.1 TITLE NAME 3.2 NAME	S IN 12 Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Change Change Change Change Change Change Change Change STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	S IN 12 Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP	S IN 12 Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE NAME KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE D NAME KARMAN, ROBERT R STREET ADDRESS 5536 N PARK RD CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE Change	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE D KARMAN, ROBERT R STREET ADDRESS 536 N PARK RD 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AL CITY-ST-ZIP AL CITY-ST-ZIP TITLE AL CITY-ST-ZIP TITLE AL CITY-ST-ZIP AL CIT	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.3 TITLE 1.4 CITY-ST-ZIP TITLE 1.4 CITY-ST-ZIP TITLE 1.5 TITLE 1.5 TITLE 1.5 TITLE 1.6 Change 1.7 Change 1.8 Change 1.8 CITY-ST-ZIP TITLE 1.8 CITY-ST-ZIP TITLE 1.9 DELETE 1.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 1.4 TITLE 1.5 T	S IN 12 Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D	S IN 12 Addition Addition Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE S1 TITLE Change Cha	S IN 12 Addition Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	S IN 12 Addition Addition Addition
Signature, typad or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS	S IN 12 Addition Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Synature regulative) DATE 12. OFFICERS AND DIRECTORS TITLE D KARMAN, ROBERT R STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS CITY-ST-ZIP TTLE DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TTLE DELETE 3.1 TITLE Change	Addition Addition Addition
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agent and remarkation) DATE	Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR