## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000028526 (8)

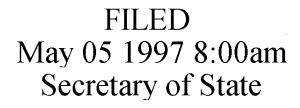
NATURE'S THERAPY, INC.

Principal Place of Business

Mailing Address

G/O-1865 N: FLORIDA AVENUE

C/O-1505 N: FLORIDA WENUE





TAMPA-FL-80602	-FAMPA-FL-90052			
			3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last Report 06/11/1996
2. Principa: Place of Business	26. Mailing Address	TAKER RY	4. FEI Number 59-3329914	Applied For Not Applicable
21 102 Whitaker Kd Suite, Apl #, etc.	Suite, Apt. #, etc.	ITHE K	5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 LUTZ FL	28 LUTZ F	FL	Trust Fund Contribution	Added to Fees
ZIP Country 25 USA	<sup>Zip</sup> 33549	Country SA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	jistered Agent
SHULER, JAMES M		81 Name		
			dress (P.O. Box Number is Not Acceptab	le)
TAMPA FL 33602		83		
		<b>B4</b> City		85 Zip Code
11. Pursuant to the provisions of Sections 607,050	02 and 607, 1508, Florida Statute	es, the above-named co	rporation submits this statement for the p	urpose of changing its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was a rations of, Section 607.0505, Flo	uthorized by the corpor rida Statutes.	etion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	,,-			
Signature, typed or printed name of registered ag		: Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	DATE
	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
DILLE D. MARKET M	DELETE	1	(T),	Change L Addition
NAME SESSES TO THE SESSES OF T		1.2 NAME	OGER LADD	
STREET ADDRESS TANDA TECHNOLOGY CONTROL TO THE CONT		1.3 STREET ADDRESS	02 WHITAKER Pd	
CITY - ST - 71°	DELETE	1.4 CiTY - ST - ZIP	1.012, FL 33549	Change Addition
NAME		The state of the s	POCKY PAGLIARULO.	. 🗡
STREET ADDRESS		2.3 STREET ADDRESS	02 WHITTAKER Rd	
CHY+S1+ZIP		2.4 0 TY-ST-ZIP	LUTZ , FL 33549	
THLE	DELETE	3.1 TULE		Change Addition
NAME		3.2 NUME		. •
STREET ADDRESS		3.3 SPEET ADDRESS		
D(TY-ST-ZIP		3.4. TY-ST-ZIP		
TITLE	DELETE	4.1 T.E		☐ Change ☐ Addition
NAME		4. 2 ME		
STREET ADDRESS		4.3 EET ADDRESS		
CTY - ST - ZIP	DELETE	4.4 V-ST-ZIP 5.1 LE		Change Addition
THE NAME	occ.,,	5.2 P ME		The second second
STREET ADDRESS		5.3 S. REET ADDRESS		
CITY-ST-ZIF		5.4 CTV-ST-ZIP		
TILE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADORESS		6.3 STREET ADDRESS		
CHY-SI-ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplice information indicated on this annual report or	ed with this filing does not qualif	y for the exemption stat	ted in Section 119.07(3)(i), Florida Statute	s. I further certify that the
I am an officer or director of the corporation of	or trie receiver or trustée empow	rered to expecte this rep	port as required by Chapter 607, Florida 8	Statutes; and that my name
appears in Block 12 or Block 18 if change	on an attachment with an add	dress.	, i	4-5