## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P95000028526

Entity Name: NATURE'S THERAPY, INC.

**FILED** Nov 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15402 N. NEBRASKA AVE. SUITE 102

LUTZ, FL 33549

**Current Mailing Address: New Mailing Address:** 

15402 N. NEBRASKA AVE. SUITE 102 LUTZ, FL 33549 US

FEI Number: 59-3329914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHULER, JAMES M 1505 N. FLORIDA AVENUE TAMPA, FL 33602

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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

LADD, ROGER PAGLIARULO, ROCCO Name: Name: 16602 AVILA BLVD 16103 VILLARREAL DRIVE AVILA Address: Address:

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33618

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

PAGLIARULO, ROCKY Name: Name: LADD, ROGER 16103 VILLARREAL DRIVE AVILA Address: 16602 AVILA BLVD Address: TAMPA, FL 33618 TAMPA, FL 33613 City-St-Zip: City-St-Zip:

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: ROCCO PAGLIARULO PD 11/25/2009