

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90079 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **946 0000 33539** ✓
1. Corporation Name
Broward Natural Medicine, Inc.

Principal Place of Business Mailing Address
2455 East Sunrise Blvd.
Suite 615
Ft. Lauderdale, FL 33304

2. Principal Place of Business 2a. Mailing Address
21 **2455 E. Sunrise Blvd.** 26 **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **615** 27
City & State City & State
23 **Ft. Lauderdale, FL** 28
Zip Zip Country Country
24 **33304** 25 **Broward** 29 30

3. Date incorporated or Qualified 3a. Date of Last Report
8/93 **4/1/98**
4. FEI Number Applied For
65-0435705 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Mary Lee Tupling
2455 E. Sunrise Blvd Ste 615
Ft. Lauderdale, FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Mary Lee Tupling** 4/30/99
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONAL OFFICERS AND DIRECTORS			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME		NAME		2.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS		STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME		NAME		3.3 NAME	
STREET ADDRESS		3.3 STREET ADDRESS		STREET ADDRESS		3.4 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		CITY-ST-ZIP		4.1 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		NAME		4.3 NAME	
STREET ADDRESS		4.3 STREET ADDRESS		STREET ADDRESS		4.4 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		CITY-ST-ZIP		5.1 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		NAME		5.3 NAME	
STREET ADDRESS		5.3 STREET ADDRESS		STREET ADDRESS		5.4 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		CITY-ST-ZIP		6.1 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		NAME		6.3 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		STREET ADDRESS		6.4 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: **Mary Lee Tupling** 4/30/99 (454) 567-1699