

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90043 013 ***150.00

DOCUMENT # P97000044551

1. Corporation Name

NATURAL WONDERS IN MEDICINE, INC.

Principal Place of Business

7840 S.W. 181 TERRACE
MIAMI FL 33157

Mailing Address

7840 S.W. 181 TERRACE
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0792903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 8020 MANASOTA KEY RD

Suite, Apt. #, etc.

2a. Mailing Address

26 8020 MANASOTA KEY RD

Suite, Apt. #, etc.

City & State

23 ENGLEWOOD, FL

Zip

24 34223

Country

25 USA

City & State

28 ENGLEWOOD, FL

Zip

29 34223

Country

30 USA

9. Name and Address of Current Registered Agent

WRIGHT, ROBERT E
7840 S.W. 181 TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

WRIGHT, ROBERT E

82 Street Address (P.O. Box Number is Not Acceptable)

8020 MANASOTA KEY RD

83

84 City

ENGLEWOOD

FL

85 Zip Code

34223

11. Pursuant to the provisions of Sections 607.0502 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WRIGHT, ROBERT E
STREET ADDRESS 7840 S.W. 181 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE D ☐ DELETE

NAME CARDARELLI, VALERIE J
STREET ADDRESS 7840 S.W. 181 TERRACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

12 NAME WRIGHT, ROBERT E
13 STREET ADDRESS 8020 MANASOTA KEY RD
14 CITY-ST-ZIP ENGLEWOOD, FL 34223

2.1 TITLE D ☒ Change ☐ Addition

22 NAME CARDARELLI, VALERIE
23 STREET ADDRESS 8020 MANASOTA KEY RD
24 CITY-ST-ZIP ENGLEWOOD, FL 34223

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT WRIGHT 1/25/99 941-475-2941

0231310

CR2E034 (1/98)