

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90003 005 ***150.00

DOCUMENT # P98000068850

1. Corporation Name

THE NATURAL MEDICINE'S INSTITUTE CO.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/98

4. FEI Number

Applied For

Not Applicable

65-0864115

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10365 W. SAMPLE RD.

26 10365 W. SAMPLE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CORAL SPRINGS, FL

28 CORAL SPRINGS, FL

Zip

Zip

Country

Country

24 33065

25 U.S.A.

29 33065

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

LUIS M. BONDY

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

10365 W. SAMPLE RD.

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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

7/31/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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 ☐ Change ☒ Addition

1.2 NAME

P LUIS M. BONDY

1.3 STREET ADDRESS

10365 W. SAMPLE RD.

1.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33065

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

S, T MIRTHA R. BONDY

2.3 STREET ADDRESS

10365 W. SAMPLE RD.

2.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33065

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

V ERIKA I. BONDY

3.3 STREET ADDRESS

10365 W. SAMPLE RD.

3.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33065

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

V LUIS SALAS

4.3 STREET ADDRESS

10365 W. SAMPLE RD

4.4 CITY-ST-ZIP

CORAL SPRINGS, FL 33065

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

LUIS M. BONDY

7/31/99

Date

(954) 7550846

Daytime Phone #

611303

Luis Bondy