

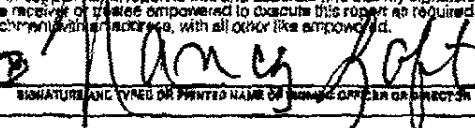
FROM : WALTER T. SAMUELSON

FAX NO. : 9546806222

Apr. 27 2004 04:55PM F1

FILED

Apr 30, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000061275		
1. Entity Name NATURAL ALTERNATIVES TO MEDICINE, P.A.		
Principal Place of Business 7300 N FEDERAL HWY SUITE #107 BOCA RATON, FL 33487		Mailing Address 7300 N FEDERAL HWY SUITE #107 BOCA RATON, FL 33487
DO NOT WRITE IN THIS SPACE		
4. FCI Number 65-0934573		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOFT, NANCY 1963 NE SIXTH STREET DEERFIELD BEACH, FL 33441		
DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when relocating) DATE _____		
FILING NOTICE: FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		U00000145022 05/03/04-80008-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LOFT, NANCY 1963 NE SIXTH STREET DEERFIELD BEACH, FL 33441	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supporting 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 10 or Block 11 if changed, or on an attachment to this block, with all other like empowered.		
SIGNATURE:  4/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		