

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000106643

1. Entity Name

NATURE'S SUNSHINE HEALTH, INC.



Principal Place of Business

5541 HOWELL BRANCH RD
WINTER PARK, FL 32792

Mailing Address

13600 LAKE MARY JANE ROAD
ORLANDO, FL 32832



01072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

YOUNG, NANCY
13600 LAKE MARY JANE ROAD
ORLANDO, FL 32832

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
YOUNG, NANCY
13600 LAKE MARY JANE ROAD
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
YOUNG, NANCY
13600 LAKE MARY JANE ROAD
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
YOUNG, JAMES F
13600 LAKE MARY JANE RD
ORLANDO, FL 32832

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/11/08-80002-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 with an address, with all other like empowered.

SIGNATURE:

Nancy Young NANCY YOUNG
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-08