

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L34575

**Entity Name:** NATURAL MEDICINE CLINIC, INC.

**Current Principal Place of Business:**

2401 PGA BLVD STE 132  
PALM BEACH GARDENS, FL 33410-3515

**Current Mailing Address:**

2401 PGA BLVD STE 132  
PALM BEACH GARDENS, FL 33410-3515

**FEI Number:** 65-0161639

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROFRANO, THOMAS A  
2401 PGA BLVD STE 132  
PALM BEACH GARDENS, FL 33410-3515 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DPVS  
Name ROFRANO, THOMAS A  
Address 2401 PGA BLVD STE 132  
City-State-Zip: PALM BEACH GARDENS FL 33410-3515

Title T  
Name ROFRANO, THOMAS A  
Address 2401 PGA BLVD STE 132  
City-State-Zip: PALM BEACH GARDENS FL 33410-3515

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS ROFRANO

**PRESIDENT**

**03/19/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date