## 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

3515

Officer/Director Detail:

3515

Title DPVS Title

NameROFRANO, THOMAS ANameROFRANO, THOMAS AAddress2401 PGA BLVD STE 132Address2401 PGA BLVD STE 132

City-State-Zip: PALM BEACH GARDENS FL 33410- City-State-Zip: PALM BEACH GARDENS FL 33410-

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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

SIGNATURE: THOMAS ROFRANO

Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

PRESIDENT

03/19/2014 Date

FILED Mar 19, 2014

**Secretary of State** 

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