

2016 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: DR THOMAS ROFRANO

PRESIDENT

02/06/2016

Electronic Signature of Signing Officer/Director Detail

Date