

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043469

**Entity Name:** NATURAL THERAPEUTICS, INC.

**Current Principal Place of Business:**

4465 BAYMEADOWS RD  
SUITE 1  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4465 BAYMEADOWS RD  
SUITE 1  
JACKSONVILLE, FL 32217 US

**FEI Number:** 27-0321945

**Certificate of Status Desired:** No

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

VOGELSANG, MICHAEL  
4465 BAYMEADOWS RD  
SUITE 1  
JACKSONVILLE, FL 32217 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            DPT  
Name            VOGELSANG, MICHAEL EII  
Address        5424 SANTA ROSA WAY  
City-State-Zip: JACKSONVILLE FL 32211

Title            DVPS  
Name            VOGELSANG, ELISHA M  
Address        5424 SANTA ROSA WAY  
City-State-Zip: JACKSONVILLE FL 32211

*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:** MICHAEL VOGELSANG

**PRESIDENT**

**02/14/2015**

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

\_\_\_\_\_  
Date