

2017 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

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date