

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000099766

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

**Current Principal Place of Business:**

240 W. INDIANTOWN RD.  
SUITE 102  
JUPITER, FL 33458

**Current Mailing Address:**

240 W. INDIANTOWN RD.  
SUITE 102  
JUPITER, FL 33458 US

**FEI Number:** 46-1626376

**Certificate of Status Desired:** No

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

DOOLEY, BRUCE  
240 W. INDIANTOWN RD.  
SUITE 102  
JUPITER, FL 33458 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 PVST  
Name DOOLEY, BRUCE  
Address 240 W. INDIANTOWN RD. SUITE 102  
City-State-Zip: JUPITER FL 33458

Title D  
Name DOOLEY, BRUCE  
Address 240 W. INDIANTOWN RD. SUITE 102  
City-State-Zip: JUPITER FL 33458

Title D  
Name JACKSON, BOB  
Address 2931 PLUMMER COVE ROAD  
City-State-Zip: JACKSONVILLE FL 32223

*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:** BRUCE R DOOLEY, MD

**PRESIDENT**

**03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date