

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006539

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

**Current Principal Place of Business:**

6574 N. STATE ROAD 7, UNIT 104  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6574 N. STATE ROAD 7, UNIT 104  
COCONUT CREEK, FL 33073 US

**FEI Number:** 54-1850568

**Certificate of Status Desired:** Yes

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

CITRIN, MARK ESQUIRE  
11900 BISCAYNE BOULEVARD SUITE 506  
MIAMI, FL 33181 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 PC  
Name JASTI, SRIDEVI  
Address 6574 N. STATE ROAD 7, UNIT 104  
City-State-Zip: COCONUT CREEK FL 33073

*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:** SRIDEVI JASTI

**PRESIDENT**

**07/14/2022**

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

\_\_\_\_\_  
Date