

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09103

FILED
Feb 17, 2011
Secretary of State

Entity Name: NATIONAL HEALTH ASSOCIATION INC.

Current Principal Place of Business:

12115 WASATCH CT
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

PO BOX 30630
TAMPA, FL 33630 US

New Mailing Address:

FEI Number: 36-2692857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUTCHINS, BRYAN A
3974 TAMPA RD
SUITE A
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T
Name: EPSTEIN, MARK
Address: 108 LINDEN TR.
City-St-Zip: ABERDEEN, NC 28315

Title: EX D
Name: GRUDNIK, LINDA
Address: 12115 WASATCH COURT
City-St-Zip: TAMPA, FL 33624

Title: D
Name: HUBERMAN, MARK
Address: 4620 EUCLID BLVD
City-St-Zip: YOUNGSTOWN, OH 44512

Title: D
Name: KENNEDY, BARBARA
Address: 3861 N. RIDGEVIEW ROAD
City-St-Zip: ARLINGTON, VA 22207

Title: P
Name: DEUTSCH, JERRY
Address: 4 MOON VALLEY LANE
City-St-Zip: DURHAM, NC 27705

Title: S
Name: NOWAKOWSKI, JOHN
Address: 4365 SW 53RD AVENUE
City-St-Zip: DAVIE, FL 33314

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA GRUDNIK

EX D

02/17/2011

Electronic Signature of Signing Officer or Director

Date