

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053253

Entity Name: NP IX, INC.**Current Principal Place of Business:**4280 PROFESSIONAL CENTER DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**4280 PROFESSIONAL CENTER DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 20-2365926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERNANDEZ, CRISTIAN J. ESQ.
4280 PROFESSIONAL CENTER DRIVE
SUITE 110
PALM BEACH GARDENS, FL 33410 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:** CRISTIAN J. FERNANDEZ**02/13/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	HART, JOEL B
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SD
Name	HART, NANCY C
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SVPD
Name	FORBERGER, PAUL
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VPAS
Name	AMBROSINO, TRACI L
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	S
Name	RUSO, SUSAN A
Address	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: TRACI L. AMBROSINO**VP****02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date