

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09103

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC1094134391**

**Entity Name:** NATIONAL HEALTH ASSOCIATION INC.

**Current Principal Place of Business:**

12115 WASATCH CT  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 30630  
TAMPA, FL 33630 US

**FEI Number: 36-2692857**

**Certificate of Status Desired: No**

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

KUTCHINS, BRYAN A  
3974 TAMPA RD  
SUITE A  
OLDSMAR, FL 34677 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 T  
Name EPSTEIN, MARK  
Address 108 LINDEN TR.  
City-State-Zip: ABERDEEN NC 28315

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

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

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

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

Title DIRECTOR  
Name NOVICK, JEFFREY  
Address 399 E. SHERIDAN ST.  
#210  
City-State-Zip: DANIA BEACH FL 33004

Title DIRECTOR  
Name RICHARDS, DAVID DR.  
Address 401 WILLOW WEALD PATH  
City-State-Zip: CHESTERFIELD MO 63005

*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**

**EXECUTIVE DIRECTOR**

**01/16/2014**

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

\_\_\_\_\_  
Date