

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284630

FILED
Apr 16, 2009
Secretary of State

Entity Name: NATIONAL HEALTH AGENCY ASSOCIATES, INC.

Current Principal Place of Business:

7985 113TH ST. N.
SUITE 112
SEMINOLE, FL 33772

New Principal Place of Business:

7194 SEMINOLE BLVD.
SEMINOLE, FL 33772

Current Mailing Address:

P. O. BOX 3600
SEMINOLE, FL 337753600

New Mailing Address:

FEI Number: 59-1091548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONEY, JOHN L
3862 CENTRAL AVE
SAINT PETERSBURG, FL 33711 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPTS () Delete
Name: FRANKLIN, LARRY A
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

Title: VDAS () Delete
Name: FRANKLIN, JANA L
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

Title: VPD () Delete
Name: FRANKLIN, MATTHEW T
Address: 2210 JACKSON ST
City-St-Zip: SAN FRANCISCO, CA 94115

Title: D () Delete
Name: FRANKLIN, LARRY A
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: FRANKLIN, MARIA
Address: 624 BLACK LION DR. NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: D () Delete
Name: JOHNSON, MICHELLE
Address: 5530 SPANISH OAK LN, UNIT G
City-St-Zip: OAK PARK, CA 91377

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FRANKLIN, MATTHEW T
Address: 5648 BAY STREET, UNIT 424
City-St-Zip: EMERYVILLE, CA 94608

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOTEN, MARIA
Address: 624 BLACK LION DR. NE
City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY A. FRANKLIN

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date