

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 284630

FILED
Apr 06, 2010
Secretary of State

Entity Name: NATIONAL HEALTH AGENCY ASSOCIATES, INC.

Current Principal Place of Business:

7194 SEMINOLE BLVD.
SEMINOLE, FL 33772

New Principal Place of Business:

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
Name: FRANKLIN, LARRY A
Address: 9730 SAGO PT DR
City-St-Zip: LARGO, FL 33777

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

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

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

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

Title: D
Name: JOHNSON, MICHELLE
Address: 7258 SEDGEFIELD AVE
City-St-Zip: SAN RAMON, CA 94583

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: LARRY A. FRANKLIN

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date