

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761666

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** FLORIDA NATUROPATHIC PHYSICIANS ASSOCIATION, INC.

**Current Principal Place of Business:**

12413 ADVENTURE DR.  
RIVERVIEW, FL 33579 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25146  
SARASOTA, FL 34277 US

**New Mailing Address:**

**FEI Number:** 59-2049967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMP, ELIZABETH ND  
12413 ADVENTURE DR.  
RIVERVIEW, FL 33579 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: IPP  
Name: GELDNER, R W ND  
Address: 251 N. MAITLAND AVE., SUITE 116  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: P  
Name: CLARK, MICHELLE E ND  
Address: 537 FORE DRIVE  
City-St-Zip: BRADENTON, FL 34208 US

Title: VP  
Name: CLEMENTS, KATHERINE ND  
Address: 3131 S. TAMiami TRAIL, SUITE 206  
City-St-Zip: SARASOTA, FL 34239 US

Title: S  
Name: THOMPSON, JUDITH ND  
Address: 4722 NW 2ND AVE., SUITE C-108  
City-St-Zip: BOCA RATON, FL 33431 US

Title: T  
Name: CAMP, ELIZABETH ND  
Address: 12413 ADVENTURE DR.  
City-St-Zip: RIVERVIEW, FL 33579 US

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: ELIZABETH CAMP, ND

T

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date