2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# 761666

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 (X)**

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: CLARK, MICHELLE E ND
Address: 537 FORE DR
City-St-Zip: BRADENTON, FL 34208 US

Title: P
Name: CLEMENTS, KATHERINE ND
Address: 2206 JO AN DRIVE, SUITE 4
City-St-Zip: SARASOTA, FL 34231 US

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

Title: S
Name: SWEDROCK, KATIE ND
Address: 2016 BAY DRIVE WEST #803
City-St-Zip: MIAMI BEACH, FL 33141 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 T 04/21/2011

Electronic Signature of Signing Officer or Director Date