2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# F06000007450

Entity Name: NEWPORT HEALTH NETWORK, INC.

Current Principal Place of Business:

5970 GREENWOOD PLAZA BLVD., SUITE 210
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111 US

Current Mailing Address:

5970 GREENWOOD PLAZA BLVD., SUITE 210
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 33-0687313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEOD ( ) Delete
Name: SMALLEN, LAURA
Address: 5970 GREENWOOD PLAZA BLVD., SUITE 210
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: CFO ( ) Delete
Name: SMALLEN, LARRY
Address: 5970 GREENWOOD PLAZA BLVD., SUITE 210
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: DS (X) Delete
Name: THOMPSON, PAUL
Address: 5970 GREENWOOD PLAZA BLVD., SUITE 210
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D (X) Delete
Name: CHAPARO, VALENTIN
Address: 5970 GREENWOOD PLAZA BLVD., SUITE 210
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: SMALLEN, LARRY
Address: 5970 GREENWOOD PLAZA BLVD
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

Title: CEOD (X) Change ( ) Addition
Name: SMALLEN, LAURA
Address: 5970 GREENWOOD PLAZA BLVD
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA SMALLEN CEO 04/18/2007

Electronic Signature of Signing Officer or Director — Date