

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007450

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: NEWPORT HEALTH NETWORK, INC.

## Current Principal Place of Business:

5970 GREENWOOD PLAZA BLVD  
GREENWOOD VILLAGE, CO 80111 US

## New Principal Place of Business:

## Current Mailing Address:

5970 GREENWOOD PLAZA BLVD  
GREENWOOD VILLAGE, CO 80111 US

## New Mailing Address:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANNE MEYER

POA

04/12/2008

Electronic Signature of Signing Officer or Director

Date