

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007450

FILED
Mar 23, 2009
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:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111

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 CFO
Address: 5970 GREENWOOD PLAZA BLVD
City-St-Zip: GREENWOOD VILLAGE, CO 80111 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: THOMPSON, PAUL SEC
Address: 5970 GREENWOOD PLAZA BLVD
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date