

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007450

FILED
Apr 20, 2010
Secretary of State

Entity Name: NEWPORT HEALTH NETWORK, INC.

Current Principal Place of Business:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

5990 GREENWOOD PLAZA BLVD
SUITE 120
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5970 GREENWOOD PLAZA BLVD
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

5990 GREENWOOD PLAZA BLVD
SUITE 120
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P
Name: KENNEDY, KYLE
Address: 5990 GREENWOOD PLAZA BLVD, SUITE 120
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: S
Name: THOMPSON, PAUL
Address: 5990 GREENWOOD PLAZA BLVD, SUITE 120
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: T
Name: MABB, JODI
Address: 5990 GREENWOOD PLAZA BLVD, SUITE 120
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D
Name: CHAPERO, VALENTIN
Address: 5990 GREENWOOD PLAZA BLVD, SUITE 120
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JODI MABB

T

04/20/2010

Electronic Signature of Signing Officer or Director

Date