

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001274

**FILED**  
**Aug 10, 2004**  
**Secretary of State****Entity Name:** NEW HORIZONS HEALTH CORPORATION**Current Principal Place of Business:**8825 A.D. MIMS RD  
ORLANDO, FL 32818**New Principal Place of Business:****Current Mailing Address:**8825 A.D. MIMS RD  
ORLANDO, FL 32818**New Mailing Address:****FEI Number:** 01-0712880**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**TINDELL, RICHARD W  
8825 A.D. MIMS RD  
ORLANDO, FL 32818 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: FPD ( ) Delete  
Name: WIREDU AIDOO, MIKE MD, MPH  
Address: 1967 EDINBOROUGH PLACE  
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete  
Name: MYERS, KEVIN CPA  
Address: 7630 PISSARRO DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: VPD ( ) Delete  
Name: TINDELL, RICHARD W  
Address: 11103 MANDARIN DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: SD ( ) Delete  
Name: SINGH, DEO  
Address: 1697 GLENHAVEN CIR.  
City-St-Zip: OCOEE, FL 34765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE WIREDU AIDOO

FPD

08/10/2004

Electronic Signature of Signing Officer or Director

Date