

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001274

FILED
May 04, 2007
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AIDOO, MIKE W MD, MPH
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: AIDOO, MIKE W MD, MPH
Address: 1967 EDINBOROUGH PLACE
City-St-Zip: OCOEE, FL 34761 US

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

Title: VPD () Delete
Name: CASADY, CINDY
Address: 206 WATERWAY RD, #305
City-St-Zip: TEQUESTA, FL 33469 US

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

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 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 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

05/04/2007

Electronic Signature of Signing Officer or Director

Date