

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Nov 28, 2009**  
**Secretary of State**

DOCUMENT# N04000001918

Entity Name: VIDA NUEVA TAMPA BAY, INC.

**Current Principal Place of Business:**

5162 JENSON AVE  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

5162 JENSON AVE  
SPRING HILL, FL 34608

**New Mailing Address:**

FEI Number: 32-0091487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WITHERELL, HARVEY J  
5162 JENSON AVE  
SPRING HILL, FL 34608      US

**Name and Address of New Registered Agent:**

WITHERELL, HARVEY J CHRM  
5162 JENSON AVE  
SPRING HILL, FL 34608      US

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: HARVEY J WITHERELL      11/28/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: WITHERELL, HARVEY J  
Address: 5162 JENSON AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: D      ( ) Delete  
Name: WALLS, ROBIN G  
Address: 3114 N. JULIA CIRCLE  
City-St-Zip: TAMPA, FL 33629

Title: D      ( ) Delete  
Name: HOOKER, JEANNE L  
Address: 16323 EMERALD COVE DRIVE  
City-St-Zip: LUTZ, FL 33549

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

Title: D      (X) Change ( ) Addition  
Name: WITHERELL, HARVEY J CHRM  
Address: 5162 JENSON AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: D      (X) Change ( ) Addition  
Name: WITHERELL, ELIZABETH A SEC  
Address: 5162 JENSON AVE  
City-St-Zip: SPRING HILL, FL 34608

Title: D      (X) Change ( ) Addition  
Name: MEYER, DEBRA R TRES  
Address: 23609 GRACEWOOD CIRCLE  
City-St-Zip: LAND O LAKES, FL 34639

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: HARVEY J WITHERELL      CHRM      11/28/2009  
Electronic Signature of Signing Officer or Director      Date