2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000001918

TI FILED

Nov 28, 2009

Secretary of State

Entity Name: VIDA NUEVA TAMPA BAY, INC.

Current Principal Place of Business: New Principal Place of Business:

5162 JENSON AVE SPRING HILL, FL 34608

Current Mailing Address: New Mailing Address:

5162 JENSON AVE SPRING HILL, FL 34608

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 WITHERELL, HARVEY J
 Name:
 WITHERELL, HARVEY J CHRM

 Address:
 5162 JENSON AVE
 Address:
 5162 JENSON AVE

 City-St-Zip:
 SPRING HILL, FL 34608
 SPRING HILL, FL 34608

Title: () Delete Title: (X) Change () Addition Name: WALLS, ROBIN G Name: WITHERELL, ELIZABETH A SEC Address: 3114 N. JULIA CIRCLE Address: 5162 JENSON AVE City-St-Zip: TAMPA, FL 33629 City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete Title: D (X) Change () Addition Name: HOOKER, JEANNE L Name: MEYER, DEBRA R TRES

 Address:
 16323 EMERALD COVE DRIVE
 Address:
 23609 GRACEWOOD CIRCLE

 City-St-Zip:
 LUTZ, FL 33549
 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