

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000881

FILED
Jul 28, 2011
Secretary of State

Entity Name: NEXTEP, INC.

Current Principal Place of Business:

1115 SE 16TH TERRACE
CAPE CORAL, FL 33990 US

New Principal Place of Business:

8981 DANIELS CENTER DRIVE
SUITE 201W
FORT MYERS, FL 33912 US

Current Mailing Address:

P.O. BOX 61043
FT MYERS, FL 33907 US

New Mailing Address:

8981 DANIELS CENTER DRIVE
SUITE 201W
FORT MYERS, FL 33912 US

FEI Number: 26-4144992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUAREZ, CPA, MARIO E
15051 S. TAMIAMI TRAIL
SUITE 203
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BREWER, LYNN
8981 DANIELS CENTER DRIVE
SUITE 201W
FORT MYERS, FL 33912 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: LYNN BREWER

07/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BREWER, LYNN
Address: 8981 DANIELS CENTER DRIVE SUITE 201W
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP
Name: CHRISTENSEN, TERRY
Address: 8981 DANIELS CENTER DRIVE SUITE 201E
City-St-Zip: FT MYERS, FL 33912 US

Title: TREA
Name: MARQUARDT, THOMAS
Address: 8981 DANIELS CENTER DRIVE SUITE 201W
City-St-Zip: FT MYERS, FL 33912 US

Title: S
Name: BARNES, LISA
Address: 8981 DANIELS CENTER DRIVE #201W
City-St-Zip: FT MYERS, FL 33912 US

Title: D
Name: DELGADO, MAIKEL
Address: 3640 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D
Name: ADAMSKI, LAURA
Address: 8981 DANIELS CENTER DRIVE SUITE 201W
City-St-Zip: FORT MYERS, FL 33912 US

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

SIGNATURE: LYNN BREWER

P

07/28/2011

Electronic Signature of Signing Officer or Director

Date