2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

DOCUMENT# N09000003846

Entity Name: HEALTHY ACTIVE KIDS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

3001 LANGLEY AVE
PENSACOLA, FL 325044715 US

New Principal Place of Business:

Current Mailing Address:

3001 LANGLEY AVE
PENSACOLA, FL 325044715 US

New Mailing Address:

C/O PENSACOURT, INC.
3001 LANGLEY AVE
PENSACOLA, FL 325044715 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEARLOCK, KEITH T M.D.
3001 LANGLEY AVE
PENSACOLA, FL 325044715 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: P
Name: SHEARLOCK, KEITH T M.D.
Address: 3001 LANGLEY AVE
City-St-Zip: PENSACOLA, FL 325044715

Title: S
Name: SHEARLOCK, DAVID W
Address: 3001 LANGLEY AVE
City-St-Zip: PENSACOLA, FL 325044715

Title: T
Name: SHEARLOCK, LINDA W
Address: 3001 LANGLEY AVE
City-St-Zip: PENSACOLA, FL 325044715

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: K.T. SHEARLOCK, M.D. P 03/18/2011

Electronic Signature of Signing Officer or Director — Date