

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001409

FILED
Jan 11, 2012
Secretary of State

Entity Name: NEW FRONTIER'S HEALTH FORCE, INC.

Current Principal Place of Business:

11380 66TH ST. N.
SUITE 139
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11380 66TH ST. N.
SUITE 139
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-3499998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAWTHORNE, TONYA DR.
2237 CYPRESS POINT DR. E
CLEARWATER, FL 33763 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: VP
Name: SATTINGER, TIM
Address: 704 HOUNDS RUN
City-St-Zip: SAFETY HARBOR, FL 34695

Title: BM
Name: SCHUELLER, MIKE
Address: 2260 HARN BLVD.
City-St-Zip: CLEARWATER, FL 33764

Title: BM
Name: ELLIS, LINDA
Address: 3452 KEENE LAKE DR
City-St-Zip: LARGO, FL 33771

Title: PD
Name: HAWTHORNE, TONYA DR.
Address: 2237 CYPRESS PT DR EAST
City-St-Zip: CLEARWATER, FL 33763

Title: S
Name: SHAHBAZIAN, JUDIE
Address: 6212 NIMES CT.
City-St-Zip: LUTZ, FL 33558

Title: T
Name: UPMAN, JULIE
Address: 14003 CRANE TERRACE N.
City-St-Zip: CLEARWATER, FL 33762

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: DR. TONYA HAWTHORNE

PD

01/11/2012

Electronic Signature of Signing Officer or Director

Date