## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000129826

Entity Name: NDA PRACTICE MANAGEMENT, INC.

FILED Apr 19, 2009 Secretary of State

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

2580 NW 103 AVE 510 NW 84TH AVENUE

210 301 SUNRISE, FL 33322 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

8930 STATE RD 84 STE 179 510 NW 84TH AVENUE DAVIE, FL 33324 301

24 301 PLANTATION, FL 33324

FEI Number: 02-0655377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

DIAZ, NORMA F
2580 NW 103 AVE
210

DIAZ, NORMA F
510 NW 84TH AVENUE
301

SUNRISE, FL 33322 US PLANTATION, FL 33324 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: 04/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: DIAZ, NORMA Name: DIAZ, NORMA

 Address:
 2580 NW 103 AVE 210
 Address:
 510 NW 84TH AVENUE # 301

 City-St-Zip:
 SUSNRISE, FL 33322
 City-St-Zip: PLANTATION, FL 33324

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

SIGNATURE: NORMA DIAZ CEO 04/19/2009