2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 24, 2009
Secretary of State

DOCUMENT# P06000091619

Entity Name: NEW LEAF MANAGEMENT, INC.

Current Principal Place of Business:

9990 COCONUT ROAD, SUITE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

9990 COCONUT ROAD, SUITE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 20-5192489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITNEY, SCOTT R
9990 COCONUT ROAD, SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

DUMAS, GARY
9990 COCONUT ROAD, SUITE 200
BONITA SPRINGS, FL 34135 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: GARY DUMAS 09/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GARON, JOSEPH B
Address: 9990 COCONUT ROAD, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DTVP (X) Delete
Name: WHITNEY, SCOTT R
Address: 9990 COCONUT ROAD, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DSVP (X) Delete
Name: WATTS, SUSAN H
Address: 9990 COCONUT ROAD, SUITE 200
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH B. GARON P 09/24/2009
Electronic Signature of Signing Officer or Director Date