

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000122523

FILED
Jun 17, 2009
Secretary of State

Entity Name: NEW FRONTIER THERAPY P.A.

Current Principal Place of Business:

621 N.E. 13 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

22800 S.W. 156 AVE.
MIAMI, FL 33170

Current Mailing Address:

621 N.E. 13 STREET
HOMESTEAD, FL 33030

New Mailing Address:

22800 S.W. 156 AVE
MIAMI, FL 33170

FEI Number: 76-0838401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, DIANA L
621 N.E. 13 STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

PERRY, DIANA L
22800 S.W. 156 AVE.
HOMESTEAD, FL 33170 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:

06/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERRY, DIANA L
Address: 621 N.E. 13 ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: PERRY, DIANA L
Address: 621 N.E. 13 ST.
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERRY, DIANA L
Address: 22800 S.W. 156 AVE.
City-St-Zip: MIAMI, FL, FL 33170

Title: T (X) Change () Addition
Name: PERRY, DIANA L
Address: 22800 S.W. 156 AVE.
City-St-Zip: MIAMI, FL 33170

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: DIANA L. PERRY

PRES

06/17/2009

Electronic Signature of Signing Officer or Director

Date