2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# P08000037299

Entity Name: NPL MEDICAL CORP

Current Principal Place of Business:

5919 NW BATCHELOR TER
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5919 NW BATCHELOR TER
PORT ST LUCIE, FL 34986

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEWERS, NADINE
5919 NW BATCHELOR TER
PORT ST LUCIE, FL 34986 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

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
Name: LEWERS, NADINE
Address: 5919 NW BATCHELOR TER
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: D
Name: LEWERS, NADINE
Address: 5919 NW BATCHELOR TER
City-St-Zip: PORT ST LUCIE, FL 34986

Title: T
Name: LEWERS, NADINE
Address: 5919 NW BATCHELOR TER
City-St-Zip: PORT ST LUCIE, FL 34986

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

SIGNATURE: NADINE LEWERS P 05/03/2010

Electronic Signature of Signing Officer or Director — Date