

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037299

Entity Name: NPL MEDICAL CORP

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**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: 26-2557453

FEI Number Applied For ( )

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

**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

03/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date