

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082605

FILED  
Mar 25, 2010  
Secretary of State

Entity Name: NEW HOPE MEDICATIONS INC

**Current Principal Place of Business:**

1403 MEDICAL PLAZA DR  
SUITE 100  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

1403 MEDICAL PLAZA DR  
SUITE 100  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 26-3320806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRINGER, NEIL  
1403 MEDICAL PLAZA DR  
SUITE 100  
SANFORD, FL 32771 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRINGER, NEIL  
Address: 1403 MEDICAL PLAZA DR STE 100  
City-St-Zip: SANFORD, FL 32771 US

Title: T/S  
Name: STRINGER, SUZANNE  
Address: 1403 MEDICAL PLAZA DR STE 100  
City-St-Zip: SANFORD, FL 32771 US

Title: D  
Name: NELSEN, KAAREN  
Address: 1403 MEDICAL PLAZA DR STE 100  
City-St-Zip: SANFORD, FL 32771 US

Title: D  
Name: CHAMBERS, RALPH  
Address: 1403 MEDICAL PLAZA DR STE 100  
City-St-Zip: SANFORD, FL 32771 US

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: NEIL STRINGER

P

03/25/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date