

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000056485

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** NPTA INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

15832 WEST HARDY ROAD  
SUITE 640  
HOUSTON, TX 77060 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 683148  
HOUSTON, TX 77268-314 US

**New Mailing Address:**

**FEI Number:** 76-0597211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAREK, RHONDA  
4714 BRIAR PATCH LANE  
ST. CLOUD, FL 34771 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: JOHNSTON, MICHAEL  
Address: 6002 FOXLAND COURT  
City-St-Zip: SPRING, TX 77379 US

Title: VP  
Name: MEIGS, JODY  
Address: 3131 BLACKCASTLE DRIVE  
City-St-Zip: HOUSTON, TX 77068 US

Title: S/T  
Name: MEIGS, WENDY  
Address: 3131 BLACKCASTLE DRIVE  
City-St-Zip: HOUSTON, TX 77068 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: JODY MEIGS

VP

04/05/2011

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

\_\_\_\_\_  
Date