

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057296

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** NEW OPTIONS AND LIFESTYLES DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

1025 SO. SEMORAN BLVD.  
BLDG. #1, STE#1093  
WINTER PARK, FL 32792

**New Principal Place of Business:**

3001 ALOMA AVENUE  
STE#121  
WINTER PARK, FL 32792

**Current Mailing Address:**

1025 SO. SEMORAN BLVD.  
BLDG. #1, STE#1093  
WINTER PARK, FL 32792

**New Mailing Address:**

3001 ALOMA AVENUE  
STE#121  
WINTER PARK, FL 32792

**FEI Number:** 59-3392789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIERA, OLGA M DR.  
1025 SO. SEMORAN BLVD. BLDG. #1 #1093-10  
WINTER PARK, FL 32792 US

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

VIERA, OLGA M DR.  
3001 ALOMA AVENUE  
STE#121  
WINTER PARK, FL 32792 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:

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: VIERA, OLGA M  
Address: 3001 ALOMA AVENUE, STE #121  
City-St-Zip: WINTER PARK, FL 32792

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: OLGA M. VIERA

DR.

02/09/2012

Electronic Signature of Signing Officer or Director

Date