

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35128

Entity Name: NATIONAL HEALTH AGENCY, INC.**Current Principal Place of Business:**7100 ULMERTON ROAD, #400
LARGO, FL 33771**Current Mailing Address:**P. O. BOX 3600
SEMINOLE, FL 33775-3600**FEI Number:** 59-2308853**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALONEY, JOHN LESQ
3862 CENTRAL AVE
SAINT PETERSBURG, FL 33711 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VPD
Name	FRANKLIN, MATTHEW T
Address	41 WINDWARD DRIVE
City-State-Zip:	CORTE MADERA CA 94925

Title	CPTS
Name	FRANKLIN, LARRY A
Address	P. O. BOX 3600
City-State-Zip:	SEMINOLE FL 33775-3600

Title	ASD
Name	FRANKLIN, JANA L
Address	P. O. BOX 3600
City-State-Zip:	SEMINOLE FL 33775-3600

Title	D
Name	FRANKLIN, LARRY A
Address	P. O. BOX 3600
City-State-Zip:	SEMINOLE FL 33775-3600

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: LARRY A FRANKLIN

PRESIDENT

04/16/2015

Electronic Signature of Signing Officer/Director Detail_____
Date