

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 30, 2014
Secretary of State
CC1198917508

Entity Name: NP IV, INC.

Current Principal Place of Business:

4280 PROFESSIONAL CENTER DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4280 PROFESSIONAL CENTER DRIVE
SUITE 100
PALM BEACH GARDENS, FL 33410 US

FEI Number: 65-1094869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, CRISTIAN J. ESQ.
4280 PROFESSIONAL CENTER DRIVE
SUITE 110
PALM BEACH GARDENS, FL 33410 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: CRISTIAN J. FERNANDEZ

01/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HART, JOEL B
Address 4280 PROFESSIONAL CENTER DRIVE,
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SVPD
Name FORBERGER, PAUL
Address 4280 PROFESSIONAL CENTER DRIVE,
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VPAS
Name AMBROSINO, TRACI L
Address 4280 PROFESSIONAL CENTER DRIVE,
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title SD
Name HART, NANCY C
Address 4280 PROFESSIONAL CENTER DRIVE,
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title S
Name RUSSO, SUSAN A
Address 4280 PROFESSIONAL CENTER DRIVE,
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name ALBRITTON, NEIL
Address 4280 PROFESSIONAL CENTER DRIVE
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name FERNANDEZ, CRISTIAN J. ESQ.
Address 4280 PROFESSIONAL CENTER DRIVE
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

Title EVP
Name EFRON, NEIL
Address 4280 PROFESSIONAL CENTER DRIVE
SUITE 100
City-State-Zip: PALM BEACH GARDENS FL 33410

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: TRACI L. AMBROSINO

VPAS

01/30/2014

Electronic Signature of Signing Officer/Director Detail

Date