

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040480

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** NEW LIFE MEDICAL AND REHAB CENTER, INC.

**Current Principal Place of Business:**

8080 WEST FLAGLER ST STE 2A  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8080 WEST FLAGLER ST STE 2A  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 27-0157633

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VEITIA, LISUR  
8080 WEST FLAGLER ST STE 2A  
MIAMI, FL 33144 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: VEITIA, LISUR  
Address: 8080 WEST FLAGLER ST STE 2A  
City-St-Zip: MIAMI, FL 33144

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: LISUR VEITIA

PRES

03/15/2011

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

\_\_\_\_\_ Date