

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066782
1. Corporation Name

NEW LIFE - MEDICAL INSTITUTE, INC.

Principal Place of Business: 8260 W. Flagler St. Suite 2M Miami, FL 33144
Mailing Address: 8260 W. Flagler St. Suite 2M Miami, FL 33144

3. Date Incorporated or Qualified: 9-12-94
3a. Date of Last Report

2. Principal Place of Business: 21 102 Ponce De Leon
2a. Mailing Address: 26 102 Ponce De Leon

4. FEI Number: 65-0519630
Applied For: Not Applicable

22. State, Apt. # etc.
23. City & State: Coral Gables, FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

24. Zip: 33135
25. Country: USA
28. City & State: Coral Gables, FL
29. Zip: 33135
30. Country: USA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Zoe Gonzalez
8260 W. Flagler St.
Suite 2M
Miami, FL 33144

81 Name: Yolanda M. Lugardo
82 Street Address (P.O. Box Number is Not Acceptable): 102 Ponce De Leon
83
84 City: Coral Gables FL 85 Zip Code: 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Yolanda M. Lugardo*

YOLANDA M. LUGARDO, REGISTERED AGENT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: Zoe Gonzalez	STREET ADDRESS: 8260 W. Flagler St. Ste. 2M	CITY, ST., ZIP: Miami, FL 33144
12.2 TITLE: <input type="checkbox"/> DELETE	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
12.3 TITLE: <input type="checkbox"/> DELETE	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
12.4 TITLE: <input type="checkbox"/> DELETE	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
12.5 TITLE: <input type="checkbox"/> DELETE	NAME:	STREET ADDRESS:	CITY, ST., ZIP:

13.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Yolanda M. Lugardo	STREET ADDRESS: 102 Ponce De Leon	CITY, ST., ZIP: Coral Gables, FL 33135
13.2 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.4 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.6 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:
13.8 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	STREET ADDRESS:	CITY, ST., ZIP:

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Yolanda M. Lugardo* YOLANDA M. LUGARDO, PRESIDENT

1/30/96
3205/96

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