

FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 JUL -6 PM 12:35

SECRETARY OF STATE

DOCUMENT # P94000066782

1. Corporation Name NEW LIFE - MEDICAL INSTITUTE, INC.

Principal Place of Business 102 PONCE DE LEON CORAL GABLES FL 33135 US Mailing Address 102 P WCE DE LEON CORAL GABLES FL 33135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0519630

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTRUMSA, LISA 1407 MERIDIAN AVE APT 1 MIAMI BCH FL 33139

81 Name RODRIGUEZ ERNESTO 82 Street Address (P.O. Box Number is Not Acceptable) 10820 SW 171 street 83 84 City MIAMI FL 85 Zip Code 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

[Signature]

4-6-99

(NOTE: Registered Agent signature required when reinstating)

DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for Estrumsa, Luisa and Rodriguez Ernesto.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] ERNESTO RODRIGUEZ 4/28/99 4-6-99