

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066782

FILED
Mar 07, 2007
Secretary of State

Entity Name: NEW LIFE - MEDICAL INSTITUTE, INC.

Current Principal Place of Business:

100 PONCE DE LEON BLVD.
CORAL GABLES, FL 331351034 US

New Principal Place of Business:

5975 SW 8TH STREET
MIAMI, FL 331440000 US

Current Mailing Address:

100 PONCE DE LEON BLVD.
CORAL GABLES, FL 331351034 US

New Mailing Address:

5975 SW 8TH STREET
MIAMI, FL 331440000 US

FEI Number: 65-0519630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ERNESTO
10820 SW 171 STREET
MIAMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: RODRIGUEZ, ERNESTO
Address: 10820 SW 171 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERNESTO RODRIGUEZ

MR.

03/07/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date