

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066782

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: NEW LIFE - MEDICAL INSTITUTE, INC.

**Current Principal Place of Business:**

5975 SW 8TH STREET  
MIAMI, FL 331440000 US

**New Principal Place of Business:**

861 SW 8TH STREET  
MIAMI, FL 33130 US

**Current Mailing Address:**

5975 SW 8TH STREET  
MIAMI, FL 331440000 US

**New Mailing Address:**

861 SW 8TH STREET  
MIAMI, FL 33130 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 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

PVT

04/07/2009

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

\_\_\_\_\_ Date