

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90144 019 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94 000066 782**  
 1. Entity Name  
**NEW LIFE MEDICAL Institute, INC.**



**DO NOT WRITE IN THIS SPACE**

**90137632**

2. Principal Place of Business  
**100 PONCE DE LEON Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAHE AB #2**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CORAL GABLES**

City & State  
 \_\_\_\_\_

Zip  
**FL** Country  
**DADE**

Zip  
**33135-1034** Country  
**USA**

4. FEI Number  
**65-0519530**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ERNESTO RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**10820 SW 171st Street**

City  
**MIAMI** FL Zip Code  
**33157**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$81.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PVPT</b> <b>R Ernesto Rodriguez</b> <b>10820 S.W. 171st Street</b> <b>Miami, FL 33157-1053</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ _____ _____ _____
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**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: \_\_\_\_\_ Date **4/25/03** Daytime Phone # **305 448 8321**

CR2E034B (12/02)

New Life Medical Institute  
100 Ponce de Leon Boulevard  
Coral Gables, FL 33135-1034

90137632  
ATTACHMENT  
P94000066782



TO: Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document number P94000066782  
FEI: 65-0519630  
Year: 2003

April 11, 2003

Since we have not received the official document, this is a formal written notification that there is no change since last year to the above mentioned Corporation.

I, Ernesto Rodriguez, am the Registered agent at 10820 S.W. 171 Street in Miami, Florida 33157 & I, Ernesto Rodriguez, am the P.V.P. T of New Life Medical Institute, Inc.

I am timely mailing you a check of \$150.00 as filing fee.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ernesto Rodriguez'.

Ernesto Rodriguez  
as PVPT