

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040480

Entity Name: NEW LIFE MEDICAL AND REHAB CENTER, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD SUITE 1R-6A
MIAMI, FL 33172

Current Mailing Address:

175 FONTAINEBLEAU BLVD SUITE 1R-6A
MIAMI, FL 33172 US

FEI Number: 27-0157633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VEITIA, LISUR
175 FONTAINEBLEAU BLVD SUITE 1R-6A
MIAMI, FL 33172 US

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

Officer/Director Detail :

Title P
Name VEITIA, LISUR
Address 175 FONTAINEBLEAU BLVD SUITE 1R-6A
City-State-Zip: MIAMI FL 33172

I hereby 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 all other like empowered.

SIGNATURE: LISUR VEITIA

PRESIDENT

01/31/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date