

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000066782

**Entity Name:** NEW LIFE MEDICAL INSTITUTE, INC.

**Current Principal Place of Business:**

861 SW 8TH STREET  
MIAMI, FL 33130

**Current Mailing Address:**

861 SW 8TH STREET  
MIAMI, FL 33130 US

**FEI Number:** 65-0519630

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RODRIGUEZ, ERNESTO  
10820 SW 171 STREET  
MIAMI, FL 33157 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 PVT  
Name RODRIGUEZ, ERNESTO  
Address 10820 SW 171 STREET  
City-State-Zip: MIAMI FL 33157

*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:** RODRIGUEZ , ERNESTO

PVT

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date