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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L43868

(3)

NEW LIFE HEALTH CENTER, P.A.

FILED
Mar 19 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address  1500 W GORE 159 LOOKOUT PLACE ORLANDO FL 32805 101 MAITLAND FL 32751-8423 US				01/16/		3a. Date of I. 07/08/11	996
2. Principal Pi 21	ace of Business	2a. Mailing Address		4. FEI Numi	oer <b>59937</b>	-	Applied For Not Applicable
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City & State 23		City & State			Campaign Financing d Contribut <del>i</del> on		5.00 May Be doed to Fees
Zip 24	Country 25  9. Name and Address of Curre	Zip 29	Country 30	Florida S	oration has liability for itatutes	] Yes □ No	
535 SUN ALT/	INO, NICHOLAS J. VERSAILLES DR. TE 150 AMONTE SPRINGS FL 32701 To the provisions of Sections 607.05 equistered agg at Jir both, upone Starm familiar with and according the option	02 and 607.1508, Florida Si of Florida Such charge w gabous of Spection 677.1507	81 83 84 latutes, the above- vas authorized by	Steel Address (F.O. Box 169 Address (F.O. Bo	umber is Not Acceptable Place , SU	FL 85	Zip Code
SIGNATURI	Stgreature typed or project name of registered n	goal and the opposituable of	(NCITE: Begistered Agent	bignature required when reinstating)		DATE	
12.		ND DIRE <b>C</b> IORS	13.	ADDITION	S/CHANGES TO OFFIC	CERS AND DIRE	
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STREET APPIRESS Offy Strize 14. I do heret	y certify that the information suppl	ed with this filing does not c	6.4 C(1Y - ST	- ZIP	.07(3)(i), Florida Statute	s I further certif	y that the

inform at on indicated on this. Lam an officer or director of appears in Block [2 or Bold his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the first part of the analysis and that my name of the first part of the analysis and that my name of the first part of the first

SIGNATURE