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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 14, 2001 8:00 am Secretary of State DOCUMENT # L43868 1. Entity Name NEW LIFE HEALTH CENTER, P.A. 08-14-2001 90009 050 ***150.00 Principal Place of Business Mailing Address 1500 W GORE 159 LOOKOUT PLACE ORLANDO FL 32805 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2959937 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBINO, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) 159 LOOKOUT PLACE STE 101 MAITLAND FL 32751 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition FULMORE, RONALD L. DR NAME NAME STREET ADDRESS 2400 RIVERTREE CIRCLE STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FULLMORE, RONALD L DR. STREET ADDRESS 2400 RIVERTREE CIRCLE STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP TITLE Delete Change _ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP 13. I hereby certify that the information supplied with this litting eldes not quality 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 by 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 11 or Block 12 in Block 1 of the corporation or the receiver changed, or on an attachment w k 11 or Block 12 if

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774846 LAW OFFICES
Rubino & Associates
PROFESSIONAL ASSOCIATION

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August 7, 2001

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

Re: New Life Health Center. P.A.

Dear Sir:

Enclosed for filing is the 2001 Uniform Business Report for the above corporation. I have enclosed our client's check in the amount of \$150.00 to cover the original filing fee. We respectfully request a waiver of the \$400.00 penalty for late filing as we did not receive the initial Uniform Business Report through the mail.

Thank you for your attention to this matter.

Respectfully,

Benjamin D. Warren, Paralegal

to Nicholas J. Rubino

bdw Encls.