2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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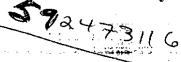**DOCUMENT # L43868**

1. Entity Name
NEW LIFE HEALTH CENTER, P.A.

Principal Place of Business
1500 W. GORE STREET
ORLANDO, FL 32805

Mailing Address
1500 W. GORE STREET
ORLANDO, FL 32805

01072004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2959937		Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINO, NICHOLAS J
159 LOOKOUT PLACE STE 101
MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

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_____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	FULMORE, RONALD L DR
STREET ADDRESS	2400 RIVERTREE CIRCLE
CITY-ST-ZIP	SANFORD, FL

TITLE	VS
NAME	FULLMORE, RONALD L DR
STREET ADDRESS	2400 RIVERTREE CIRCLE
CITY-ST-ZIP	SANFORD, FL

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-03/01/04-80068-018 150.00

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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   2/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #