

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43868

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



Principal Place of Business  
1500 W GORE  
ORLANDO, FL 32805

Mailing Address  
159 LOOKOUT PLACE  
101  
MAITLAND, FL 32751 US

2. Principal Place of Business

3. Mailing Address  
1500 W. GORE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FLA.

Zip

Country

Zip

Country

32805 Orange



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2959937

Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900018564019  
05/08/03--01047--002 \*\*150.00 ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 accurate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

407/339-2888

Case

Daytime Phone #

CR2E034 (1/0/02)

APPROVED  
AND  
FILED  
03 MAY -7 AM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA