

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90020 045 ***150.00

DOCUMENT # P00000030791	
1. Entity Name NEW FOUNTAIN HEALTH, INC.	

Principal Place of Business 5931 BRICK COURT # 20 WINTER PARK, FL 32792	Mailing Address 5931 BRICK COURT, #120 WINTER PARK, FL 32792
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2. Principal Place of Business 7940 DUNSTABLE CIR	3. Mailing Address 7940 DUNSTABLE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State ORLANDO FL
Zip 32817	Zip 32817
Country USA	Country USA

24080856

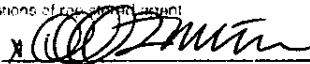


08182004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3630928	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZURITA, RAMIRO S 5931 BRICK COURT, #120 WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7940 DUNSTABLE CIRCLE City ORLANDO, FL Zip Code 32817
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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 the registered agent.

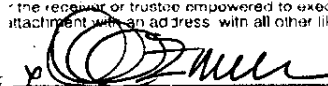
SIGNATURE:  **Secretary Treasurer** **8/20/04**

Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when new filing.)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZURITA, RAMIRO G 7940 DUNSTABLE CIRCLE ORLANDO, FL 32817 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZURITA, AIDA 7940 DUNSTABLE CIRCLE ORLANDO, FL 32817 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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; that the registered agent 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 new.

SIGNATURE:  **Secretary Treasurer** **8/20/04**

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

Attachment
24080836
#P60000030791

NEW FOUNTAIN HEALTH, INC.
7940 DUNSTABLE CIRCLE
ORLANDO, FL 32817
PHONE (407) 657-1171 FAX (407) 657-8310

ORLANDO, AUGUST 20, 2004

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO INFORM WE DID NOT RECEIVE THE ORIGINAL FORM TO
FILE ANNUAL REPORT 2004 IN TIMELY MANNER.

SINCERELY,



AIDA R. ZURITA
Secretary Treasurer

SINCERELY

ONE HUNDRED SIXTY-FOURTH STREET, SUITE 100
ORLANDO, FL 32817