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 #120
WINTER PARK, FL 32792

Mailing Address
5931 BRICK COURT, #120
WINTER PARK, FL 32792

24080856

08182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7940 DUNSTABLE CIR	7940 DUNSTABLE CIR
Suite, Apt #, etc	Suite, Apt #, etc
City & State: ORLANDO FL	City & State: ORLANDO, FL
Zip: 32817 Country: USA	Zip: FL 32817 Country: USA

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 G
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

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: x [signature] Secretary Treasurer x 8/20/04
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
Due by September 6, 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.

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	ZURITA, RAMIRO G	
STREET ADDRESS	7940 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	STD	☐ Delete
NAME	ZURITA, AIDA	
STREET ADDRESS	7940 DUNSTABLE CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: x [signature] Secretary Treasurer x 8/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

A Attachment
Z41080886
#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