2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90099 027 ***150.00

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1. Entity Name
NEW FOUNTAIN HEALTH, INC.

Principal Place of Business
7940 DUNSTABLE CIR
ORLANDO, FL 32817

Mailing Address
7940 DUNSTABLE CIR
ORLANDO, FL 32817

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3630928

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

6. Name and Address of Current Registered Agent

ZURITA, RAMIRO
7940 DUNSTABLE CIR
ORLANDO, FL 32817

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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 of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 200 Fee will be $550.00

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

OFFICERS AND DIRECTORS

PD
ZURITA, RAMIRO G
7940 DUNSTABLE CIRCLE
ORLANDO FL 32817

STD
ZURITA, AIDA
7940 DUNSTABLE CIRCLE
ORLANDO FL 32817

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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 9 above, with an address with all other like empowered.

SIGNATURE AIDA ZURITA SECRETARY TREASURER
NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

4/24/05 (407) 6575728