

FILED

May 02, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000030791 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	
DO NOT WRITE IN THIS SPACE		 04122005 No Chg-P CR2E034 (11/05)	
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 7940 DUNSTABLE CIR ORLANDO, FL 32817		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)			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000557984 05/17/06-80072-05 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ZURITA, RAMIRO G 7940 DUNSTABLE CIRCLE ORLANDO, FL 32817		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD ZURITA, AIDA 7940 DUNSTABLE CIRCLE ORLANDO, FL 32817		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE		
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		SECRETARY TREASURER 4/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Yr	

AIDA ZURITA