


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State

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
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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3630928	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZURITA, RAMIRO G 7940 DUNSTABLE CIR ORLANDO, FL 32817
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**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.

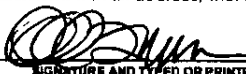
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to FeesU00000945688
05/30/08-80017-015 150.00**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE
IN THIS SPACE**

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:

AIDA ZURITA SECRETARY TREASURER

4/28/08 (407) 6575728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #