

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000053370

1. Entity Name
NEW LIFE HEALTH SYSTEM, INC.



Principal Place of Business
1666 KENNEDY CAUSEWAY
STE 305
MIAMI BEACH, FL 33141

Mailing Address
1666 KENNEDY CAUSEWAY
STE 305
MIAMI BEACH, FL 33141



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1812785

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE LAW OFFICES OF CRAIG M. DORNE
407 LINCOLN ROAD PHSE
MIAMI BEACH, FL 33139

**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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CICERONE, LOU
1666 KENNEDY CUASEWAY #302
MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DORNE, ALAN
1666 VIENNEDY CAUSEWAY, #305
NORTH BAY VILLAGE, FL 33141

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

U00000766069
06/08/07-80002-005 550.00

**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:

[Signature] L O U C I C E R O N E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date

305-993-7950
Daytime Phone #