2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P01000073808

Entity Name: NEW LIFE CLINIC MEDICAL CENTER, INC.

Current Principal Place of Business:

3750 WEST 16TH AVE
114
HIALEAH, FL 33012

New Principal Place of Business:

8474 SW 8 ST
MIAMI, FL 33144

Current Mailing Address:

3750 WEST 16TH AVE
114
HIALEAH, FL 33012

New Mailing Address:

POBOX 145231
CORAL GABLES, FL 33114

FEI Number: 65-1126057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPS, SANTIAGO
835 NE 82ND STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAMPS, SANTIAGO
Address: 835 NE 82ND STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO CAMPS PD 04/28/2004

Electronic Signature of Signing Officer or Director — Date