2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000073808

Entity Name: NEW LIFE CLINIC MEDICAL CENTER, INC.

Current Principal Place of Business:

8474 SW 8 ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

POBOX 145231
CORAL GABLES, FL 33114

New Mailing Address:

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

Name and Address of Current Registered Agent:

FERNANDEZ, HANOI
6265 WEST 22 CRT, APT 106
HIALEAH, FL 33016 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: DPVP ( ) Delete
Name: FERNANDEZ, HANOI
Address: 6265 WEST 22 CRT, APT 106
City-St-Zip: HIALEAH, FL 33016

Title: ST ( ) Delete
Name: FERNANDEZ, HANOI
Address: 6265 WEST 22 CRT, APT 106
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HANOI FERNANDEZ DPVP 04/29/2005

Electronic Signature of Signing Officer or Director — Date