

FILED

03 MAR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100073808			
1. Entity Name NEW LIFE CLINIC MEDICAL CENTER, INC.			
Principal Place of Business 4315 N.W. 7TH STREET SUITE 38-39 MIAMI, FL 33126		Mailing Address 4315 N.W. 7TH STREET SUITE 38-39 MIAMI, FL 33126	
2. Principal Place of Business 3750 WEST 16TH AVE		3. Mailing Address 3750 WEST 16TH AVE	
Suite, Apt. #, etc. 114		Suite, Apt. #, etc. 114	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33012	Country USA	Zip 33012	Country USA
6. Name and Address of Current Registered Agent FORTE, MIRIAM M 3750 WEST 16TH AVENUE SUITE 114 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name SANTIAGO CAMPS Street Address (P.O. Box Number Is Not Acceptable) 835 NE 82nd STREET City MIAMI FL Zip 33138	
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 <i>[Signature]</i> 3-10-03 _____ Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending.) DATE			
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTES, MIRIAM M 3750 WEST 16 AVENUE, #114 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. SANTIAGO CAMPS 835 NE 82nd STREET MIAMI FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>[Signature]</i> 3-10-03 _____ Signature and typed or printed name of signing officer or director Date Daytime Phone #			

CR2E034 (10/02)