

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100210

FILED
Jan 12, 2008
Secretary of State

Entity Name: NEW LIFE MATERNITY AND WOMEN'S CENTER, P.A.

Current Principal Place of Business:

2100 E SAMPLE RD
201
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

Current Mailing Address:

2100 E SAMPLE RD
201
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

FEI Number: 03-0416735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERMAN, MARIO D ESQ.
100 E SAMPLE STE 320
POMPANO BCH, FL 33064 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: D () Delete
Name: CHIDIAC, RITA G
Address: 3700 NE 31 AVE
City-St-Zip: LIGHTHOUSE PT, FL 33064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARULLI-CHIDIAC, RITA
Address: 3700 NE 31 AVE
City-St-Zip: LIGHTHOUSE PT, FL 33064

Title: S () Change (X) Addition
Name: CHIDIAC, FRANCOIS
Address: 3700 NE 31 AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RITA GARULLI-CHIDIAC

D

01/12/2008

Electronic Signature of Signing Officer or Director

Date