## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000100210

Address:

City-St-Zip:

3700 NE 31 AVENUE

LIGHTHOUSE POINT, FL 33064

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

FILED Apr 29, 2009 Secretary of State

Current P	Principal Plac	e of Business:	New Principal Place of Business:		
201	AMPLE RD USE POINT, F	FL 33064			
Current Mailing Address:			New Mailing Address:		
201	AMPLE RD				
LIGHTHO	USE POINT, F	FL 33064			
FEI Number	r: 03-0416735	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
100 E SAM POMPAN	, MARIO D ES MPLE STE 320 O BCH, FL 33	) 064 US			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( GARULLI-CHII 3700 NE 31 A\ LIGHTHOUSE	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S ( CHIDIAC, FRA	) Delete NCOIS	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

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 04/29/2009