

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000100210

**FILED**  
**Jan 13, 2010**  
**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  
**Name:** GARULLI-CHIDIAC, RITA  
**Address:** 3700 NE 31 AVE  
**City-St-Zip:** LIGHTHOUSE PT, FL 33064

**Title:** S  
**Name:** CHIDIAC, FRANCOIS  
**Address:** 3700 NE 31 AVENUE  
**City-St-Zip:** LIGHTHOUSE POINT, FL 33064

I hereby 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 all other like empowered.

**SIGNATURE:** RITA GARULLI-CHIDIAC

D

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date