

PO2000095899

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## **NEW LIFE ADULT CARE II, INC**

**DIVISION OF CORPORATION**

**RE: ADDRESS CHANGE**

This is to advise you of the **address change** for "New Life Adult Care" located at 12210 Netherfield Ct, Riverview FL 33594 only to new location "202 Beverly Blvd, Brandon, FL 33511."

All other information at this location is the same as listed currently, owner information, tax ID, and Document Number P02000095899 is correct as listed.

Please process accordingly. <sup>\_\_\_\_\_</sup> Your cooperation in this matter is appreciated.

Thanks

Rosaline Seabrook  
Rosaline Seabrook, Administrator

Date 10/27/10

MN# 813 661-9453  
FAX# 813 654-9897

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

DOCUMENT# G04062900157

Fictitious Name to be Registered: NEW LIFE ADULT CARE

Mailing Address of Business: 12210 NETHERFIELD CT  
RIVERVIEW, FL 33569

Florida County of principal place of business: MULTIPLE

FEI Number:

**FILED**  
**Mar 02, 2004**  
**Secretary of State**

Owner(s) of Fictitious Name:

NEW LIFE ADULT CARE  
12210 NETHERFIELD CT  
RIVERVIEW, FL 33569  
Florida Registration Number: P02000095899  
FEI Number: 02-0642780

NEW LIFE ADULT CARE  
322 REGAL PARK CT  
VALRICO, FL 33594  
Florida Registration Number: P02000095899  
FEI Number: 02-0642780

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the electronic signature(s) below shall have the same legal effect as if made under oath.

ROSALINE SEABROOK  
\_\_\_\_\_  
Electronic Signature(s)

03/02/2004  
\_\_\_\_\_  
Date

Certificate of Status Requested ( )

Certified Copy Requested ( )