

FILED
Sep 06, 2007 8:00 am
Secretary of State

05-21-2007 90049 014 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000059533 1. Entity Name NEW AGE MEDICAL CENTER, P.A.	
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Principal Place of Business 12148 CORTEZ BLVD BROOKSVILLE, FL 34613	Mailing Address 12148 CORTEZ BLVD BROOKSVILLE, FL 34613
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66021754



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0060227	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

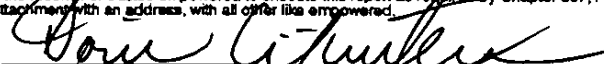
6. Name and Address of Current Registered Agent CIFUENTES, DORIS 12148 CORTEZ BLVD BROOKSVILLE, FL 34613	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, DAVID 12148 CORTEZ BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIFUENTES, DORIS 12148 CORTEZ BLVD BROOKSVILLE, FL 34613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  08/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #