


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90009 039 \*\*\*150.00

<b>DOCUMENT # P03000068544</b>	
1. Entity Name <b>NEW LIFE &amp; HOPE MEDICAL CENTER, INC.</b>	
<b>NAME CHANGE</b>	

Principal Place of Business <b>8325 W 24 AVE #10 HIALEAH, FL 33016</b>	Mailing Address <b>8325 W 24 AVE #10 HIALEAH, FL 33016</b>
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**24085062**

2. Principal Place of Business <b>17240 S TAMiami TRAIL</b>	3. Mailing Address <b>17240 S TAMiami TRAIL</b>
Suite, Apt. #, etc. <b>Unit # 8</b>	Suite, Apt. #, etc. <b>Unit # 8</b>
City & State <b>Fort Myers, FL</b>	City & State <b>FORT MYERS, FL</b>
Zip <b>33908</b>	Zip <b>33908</b>



05132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1191634</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TAX DEFENSE CENTER, INC. 2350 W 84 ST #20 HIALEAH, FL 33016</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PASCUAL, JOSE C</b>		NAME <b>Clodomiro Perez</b>	
STREET ADDRESS <b>8325 W 24 AVE #10</b>		STREET ADDRESS <b>17240 Unit 8 S Tamiami TRAIL</b>	
CITY-ST-ZIP <b>HIALEAH, FL 33016</b>		CITY-ST-ZIP <b>Fort MYERS, FL 33908</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Clodomiro Perez**

**8/30/04 305-825-2500**  
Date Daytime Phone #