2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90020 027 ***150.00

DOCUMENT # P03000105643

1. Entity Name
NEW GENERATION HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
269 GIRALDA AVE STE 302 CORAL GABLES, FL 33134	269 GIRALDA AVE STE 302 CORAL GABLES, FL 33134

03112004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3661 S. Miami Ave	3661 S. Miami Ave.
Suite, Apt. #, etc.: 610	Suite, Apt. #, etc.: 610
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country: DADE	Zip: 33133 Country:

4. FEI Number: 20-0308836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL M. GARCIA-OLIVER, P.A.
269 GIRALDA AVE STE 302
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: John J. Lloyds
Street Address (P.O. Box Number is Not Acceptable): 3661 S. Miami Ave #610
City: Miami FL Zip Code: 33133

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], Secretary 2-10-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Treasurer Raul I. Tano 3661 S. Miami Ave Miami, FL 33133 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary John J. Lloyds 3661 S. Miami Ave Miami, FL 33133 ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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], Secretary 2-10-04 (305) 285-1078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #