

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-29-2004 90068 007 ***228.75

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03172004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000108775 1. Entity Name NEWORLD HEALTH CARE CENTER INC.																													
Principal Place of Business 12855 SW 72 TERRACE MIAMI, FL 33183			Mailing Address 12855 SW 72 TERRACE MIAMI, FL 33183																										
2. Principal Place of Business 407 Lincoln Road <small>Suite, Apt. #, etc.</small> 6K <small>City & State</small> Miami Beach, Florida		3. Mailing Address 407 Lincoln Road <small>Suite, Apt. #, etc.</small> 6K <small>City & State</small> Miami Beach, Florida		4. FEI Number 32-0096785 <small>Applied For</small> <small>Not Applicable</small>																									
<small>Zip</small> 33139	<small>Country</small> USA	<small>Zip</small> 33139	<small>Country</small> USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BARBERENA, CARLOS 12855 SW 72 TERRACE MIAMI, FL 33183				7. Name and Address of New Registered Agent <small>Name</small> A. Elizabeth Goings, Esq. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 4726 Alton Road <small>City</small> Miami Beach <small>FL</small> <small>Zip Code</small> 33140																									
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 <u>A. Elizabeth Goings, Esq.</u> 4/7/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BARBERENA, CARLOS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12855 SW 72 TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33183</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BARBERENA, CARLOS		STREET ADDRESS	12855 SW 72 TERRACE		CITY-ST-ZIP	MIAMI, FL 33183		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Carlos Barberena</u> 3/22/04 (205) 531-6682 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													