


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90064 016 \*\*\*150.00

<b>DOCUMENT # P03000119348</b>	
1. Entity Name <b>NEW HEALTH MEDICAL GROUP INC.</b>	

Principal Place of Business <b>1247 SW 67 AV APT #33 MIAMI, FL 33144</b>	Mailing Address <b>1247 SW 67 AV APT #33 MIAMI, FL 33144</b>
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2. Principal Place of Business <b>8585 NW 6 Lane</b>	3. Mailing Address <b>8585 NW 6 Lane</b>
Suite, Apt. #, etc. <b>Unit 202</b>	Suite, Apt. #, etc. <b>Unit 202</b>

City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33126</b>	Zip <b>33126</b>
Country <b>U.S.A</b>	Country <b>U.S.A</b>



04192005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>PEREZ, FELIX 1247 SW 67 AV APT #33 MIAMI, FL 33144</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	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PEREZ, FELIX 1247 SW 67 AV APT #33 MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CALVO, YURAMI 1247 SW 67 AV APT #33 MIAMI, FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Felix Perez **4-18-05** **305 269 1508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #