

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009298

FILED
Apr 26, 2007
Secretary of State

Entity Name: NEW LIFE MEDICAL CENTER, INC.

Current Principal Place of Business:

10300 SUNSET DRIVE
SUITE 319
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10300 SUNSET DRIVE
SUITE 319
MIAMI, FL 33173

New Mailing Address:

FEI Number: 05-0594404 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALVEIRO, LIZABETH
1241 SW 134TH AVE.
MIAMI, FL 33184 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALVEIRO, LIZABETH
Address: 1241 SW 134TH AVE.
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZABETH CALVEIRO

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04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date