

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009298

FILED  
Apr 24, 2008  
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 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

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date