

P04000009298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
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Change  
SF

1-13-12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New Life Medical Center  
Name of Corporation

**DOCUMENT NUMBER:** P04000009298

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

New Life Medical Center  
Name of Contact Person

New Life Medical Center  
Firm/Company

12338 SW 132 Ct  
Address

Miami, FL 33186  
City/State and Zip Code

claudiamorat@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Morato at ( 305 ) 2716570  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Life Medical Center
2. The principal office address: 12338 SW 132 ct  
Miami, FL 33186
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 1/12/2004 Document number: P04000009298
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

12338 SW 132 Ct, Miami, FL 33186

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

12338 SW 132 CT  
Miami, FL 33186

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

L Calveiro  
Signature of an officer or director

Lizabeth Calveiro/Presidente  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

L Calveiro  
Signature of Registered Agent

Lizabeth Calveiro  
Date

If signing on behalf of an entity:

New Life Medical Center  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)