

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009298

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Entity Name:** NEW LIFE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

12338 SW 132 CT  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12338 SW 132 CT  
MIAMI, FL 33186 US

**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  
12338 SW 132 CT  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

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

**Title:** VP  
**Name:** CALVEIRO, FERNANDO  
**Address:** 1241 SW 134TH AVE.  
**City-St-Zip:** MIAMI, FL 33184

I hereby 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 all other like empowered.

**SIGNATURE:** LIZABETH CALVEIRO

PD

05/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date