

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000043113

Entity Name: NEW LIFE POLYCLINICS INC.

FILED  
Oct 19, 2009  
Secretary of State

## Current Principal Place of Business:

61 HOOK SQUARE  
MIAMI SPRING, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

61 HOOK SQUARE  
MIAMI SPRING, FL 33166

## New Mailing Address:

FEI Number: 20-0844131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLUMBIE, MARIA T  
61 HOOK SQUARE  
MIAMI SPRING, FL 33166 US

## Name and Address of New Registered Agent:

VAZQUEZ-PAUSA, WALDA M  
61 HOOK SQUARE  
MIAMI SPRING, FL 33166 US

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: VAZQUEZ-PAUSA WALDA

10/19/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D, P ( ) Delete  
Name: COLUMBIE, MARIA T  
Address: 61 HOOK SQUARE  
City-St-Zip: MIAMI SPRING, FL 33166

Title: VP ( ) Delete  
Name: VAZQUEZ-PAUSA, WALDA M MD  
Address: 61 HOOK SQUARE  
City-St-Zip: MIAMI SPRING, FL 33166

Title: S ( ) Delete  
Name: PEREZ, VERONICA D MA  
Address: 61 HOOK SQUARE  
City-St-Zip: MIAMI SPRING, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RA, P (X) Change ( ) Addition  
Name: VAZQUEZ-PAUSA, WALDA M  
Address: 61 HOOK SQUARE  
City-St-Zip: MIAMI SPRING, FL 33166

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

Title: S (X) Change ( ) Addition  
Name: PEREZ, MAGDIEL  
Address: 61 HOOK SQUARE  
City-St-Zip: MIAMI SPRING, FL 33166

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: WALDA VAZQUEZ-PAUSA

P, RA

10/19/2009

Electronic Signature of Signing Officer or Director

Date