2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P04000092125

Entity Name: NEW LIFE HEALTH CENTER, INC.

Current Principal Place of Business:

950 N. KROME AVENUE
SUITE 202
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

950 N. KROME AVENUE
SUITE 202
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 90-0182353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, JERRY
7700 NORTH KENDALL DRIVE
SUITE 507
MIAMI, FL 33156 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: ST ( ) Delete
Name: PENA, HERIBERTO MD
Address: 950 N KROME AVENUE, SUITE 202
City-St-Zip: HOMESTEAD, FL 33030 US

Title: P ( ) Delete
Name: PENA, MYRNA
Address: 950 N. KROME AVENUE, SUITE 202
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MYRNA PENA P 01/29/2009

Electronic Signature of Signing Officer or Director — Date