

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157361

Entity Name: NEW LIFE HEALTH CARE, INC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

10300 SW 72 STREET
SUITE 470 F
MIAMI, FL 33173

New Principal Place of Business:

10300 SW 72 STREET
SUITE 325
MIAMI, FL 33173

Current Mailing Address:

10300 SW 72 STREET
SUITE 470 F
MIAMI, FL 33173

New Mailing Address:

10300 SW 72 STREET
SUITE 325
MIAMI, FL 33173

FEI Number: 20-2759957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, MIRIAM R
10300 SW 72 STREET
SUITE 470 F
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

ALVAREZ, MIRIAM R
10300 SW 72 STREET
SUITE 325
MIAMI, FL 33173 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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, MIRIAM R
Address: 10300 SW 72 STREET #470F
City-St-Zip: MIAMI, FL 33173

Title: V () Delete
Name: NAQUID, ADOLFO P
Address: 10300 SW 72 ST STE 470F
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, MIRIAM R
Address: 10300 SW 72 STREET 325
City-St-Zip: MIAMI, FL 33173

Title: V (X) Change () Addition
Name: NAQUID, ADOLFO P
Address: 10300 SW 72 ST STE 325
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIRIAM ALVAREZ

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date