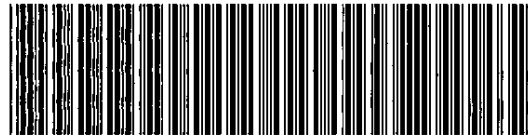


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RA Change

10-20-10

Dc

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2010

GLADIS M. BADIA
NEW LIFE MEDICAL SPA, CORP.
2629 SW 147TH AVE.
MIAMI, FL 33185

SUBJECT: NEW LIFE MEDICAL SPA, CORP.
Ref. Number: P06000072298

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 110A00021445

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Life Medical SPA Corp
Name of Corporation

DOCUMENT NUMBER: P06000072298

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:

Gladis Badia
Name of Contact Person

New Life Medical SPA Corp
Firm/Company

2629 SW 147th Ave
Address

Miami Fl 33185
City/State and Zip Code

martacuevas@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gladis Badias at (305) 322-0655
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 SPA, Corp.
2. The principal office address: 2629 SW 147th Ave
Miami Fl 33185
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/23/2006 Document number: P06000072298
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)

Gladis Badia

2629 SW 147th Ave

Miami Fl 33185

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

Eugenia L. Rosales Fernandez

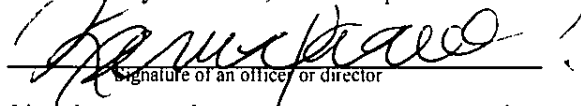
2629 SW 147th Ave

Miami Fl 33185
P.O. Box NOT acceptable

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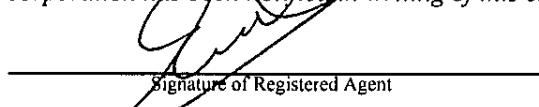
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Ksenia Saavedra v. President
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.


Signature of Registered Agent

9/28/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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