

DOCUMENT# P06000077549

**FILED**  
**Oct 25, 2007**  
**Secretary of State**

Entity Name: NEW LIFE THERAPY SERVICES CORP.

**Current Principal Place of Business:**

14149 SW 121 PL #M-13  
MIAMI, FL 33186

**New Principal Place of Business:**

14080 SW 121 PL  
MIAMI, FL 33186

**Current Mailing Address:**

14149 SW 121 PL #M-13  
MIAMI, FL 33186

**New Mailing Address:**

14080 SW 121 PL  
MIAMI, FL 33186

|                    |                                   |                                      |                                          |
|--------------------|-----------------------------------|--------------------------------------|------------------------------------------|
| <b>FEI Number:</b> | <b>FEI Number Applied For ( )</b> | <b>FEI Number Not Applicable (X)</b> | <b>Certificate of Status Desired (X)</b> |
|--------------------|-----------------------------------|--------------------------------------|------------------------------------------|

**Name and Address of Current Registered Agent:**

GUERRA, JULIA E  
14149 SW 121 PL #M-13  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

GUERRA, JULIA E  
14080 SW 121 PL  
MIAMI, FL 33186 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: JULIA GUERRA

10/25/2007

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: PSTD ( ) Delete  
Name: GUERRA, JULIA E  
Address: 14149 SW 121 PL #M-13  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: GUERRA, JULIA E  
Address: 14080 SW 121 PL  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: LIMA, ZULEY  
Address: 17360 S.W. 232 ST #60  
City-St-Zip: MIAMI, FL 33170

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: JULIA GUERRA

PSTD

10/25/2007

Electronic Signature of Signing Officer or Director

Date \_\_\_\_\_