

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145783

**FILED**  
**Jan 18, 2008**  
**Secretary of State**

**Entity Name:** NEW HEALTH MEDICAL CENTER CORP

**Current Principal Place of Business:**

1955-53 WEST 60TH ST.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1955-53 WEST 60TH ST.  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 39-2068034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRADO, LILIU  
1076 W 42 PLACE  
HIALEAH, FL 33012 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: P ( ) Delete  
Name: RODRIGUEZ, MINERVA  
Address: 3821 E 9 CT  
City-St-Zip: HIALEAH, FL 33013

Title: VP ( ) Delete  
Name: PRADO, LILIU  
Address: 1076 W 42 PLACE  
City-St-Zip: HIALEAH, FL 33012

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

Title: P (X) Change ( ) Addition  
Name: PRADO, LILIU  
Address: 1076 W 42 PL  
City-St-Zip: HIALEAH, FL 33012

Title: VP (X) Change ( ) Addition  
Name: DARIAS, PHILLIP L  
Address: 350 E 5 STREET AP 104  
City-St-Zip: HIALEAH, FL 33010

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:** LILIU PRADO

P

01/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date