

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90026 044 \*\*\*150.00

DOCUMENT # P07000097392

1. Entity Name

NEW DAWN HEALTH CARE INC.



Principal Place of Business

4008 INVERRARY BLVD APT. 8A  
LAUDERHILL FL 33319

Mailing Address

4008 INVERRARY BLVD APT. 8A  
LAUDERHILL FL 33319



2. Principal Place of Business - No P.O. Box #  
13 W Palmetto Road

3. Mailing Address  
13 W Palmetto Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Lakewood FL

City & State

Lakewood FL 33467

4. FEI Number

26-0837049

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, LORNA D  
4008 INVERRARY BLVD APT. 8A  
LAUDERHILL FL 33319

Name LORNA D. JOHNSON

Street Address (P.O. Box number is Not Acceptable)

13 W Palmetto Rd

City

Lakewood FL

FL

Zip Code

33467

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

LORNA D JOHNSON

*[Signature]*

3/3/08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME JOHNSON, LORNA D  
STREET ADDRESS 4008 INVERRARY BLVD APT. 8A  
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LORNA D. JOHNSON

*[Signature]*

3/3/08

561 807 7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number