

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000070620

Entity Name: NEW LIFE NURSING CARE, INC

**FILED**  
**Aug 10, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

1490 WEST 49 PL SUITE 492  
HIALEAH, FL 330123196

## **New Principal Place of Business:**

## **Current Mailing Address:**

1490 WEST 49 PL SUITE 492  
HIALEAH, FL 330123196

## **New Mailing Address:**

FEI Number: 26-3058709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALVAREZ, LOURDES H  
1490 WEST 49 PL SUITE 492  
HIALEAH, FL 330123196 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

## **OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALVAREZ, LOURDES H  
Address: 1490 WEST 49 PL SUITE 492  
City-St-Zip: HIALEAH, FL 330123196

Title: DVP ( ) Delete  
Name: SHELTON, SERGIO  
Address: 1490 WEST 49 PL SUITE 492  
City-St-Zip: HIALEAH, FL 330123196

Title: S (X) Delete  
Name: LLANES, ZENaida F  
Address: 1490 WEST 49 PL SUITE 492  
City-St-Zip: HIALEAH, FL 330123196

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

Title: PD (X) Change ( ) Addition  
Name: ALVAREZ, LOURDES H  
Address: 1490 WEST 49 PL SUITE 492  
City-St-Zip: HIALEAH, FL 330123196

Title: VPD (X) Change ( ) Addition  
Name: LLANES, ZENaida F  
Address: 1490 WEST 49 PL STE 492  
City-St-Zip: HIALEAH, FL 33012

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: LOURDES ALVAREZ

P

08/10/2009

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

\_\_\_\_\_  
Date