

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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

DOCUMENT# P08000070620

Entity Name: NEW LIFE NURSING CARE, INC

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