2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
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:

1490 WEST 49 PL SUITE 492
33012
HIALEAH, FL 330123196

Current Mailing Address:

1490 WEST 49 PL SUITE 492
HIALEAH, FL 330123196

New Mailing Address:

1490 WEST 49 PL SUITE 492
33012
HIALEAH, FL 330123196

FEI Number: 26-3058709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

ALVAREZ, LOURDES H
1490 WEST 49 PL SUITE 492
33012
HIALEAH, FL 330123196 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: LOURDES H. ALVAREZ 02/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: VPD
Name: LLANES, ZENAIDA F
Address: 1490 WEST 49 PL STE 492
City-St-Zip: HIALEAH, FL 33012

Title: CFO
Name: LUGO, ADIANEZ
Address: 1490 WEST 49 PLACE
City-St-Zip: HIALEAH, FL 33010

I hereby 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 all other like empowered.

SIGNATURE: LOURDES H. ALVAREZ PD 02/18/2011
Electronic Signature of Signing Officer or Director Date