

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070620

FILED
Apr 17, 2012
Secretary of State

Entity Name: NEW LIFE NURSING CARE, INC

Current Principal Place of Business:

1490 WEST 49 PL SUITE 492
33012
HIALEAH, FL 330123196

New Principal Place of Business:

Current Mailing Address:

1490 WEST 49 PL SUITE 492
33012
HIALEAH, FL 330123196

New Mailing Address:

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
33012
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: PD
Name: ALVAREZ, LOURDES H
Address: 1490 WEST 49 PL SUITE 492
City-St-Zip: HIALEAH, FL 330123196

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

04/17/2012

Electronic Signature of Signing Officer or Director

Date