

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051371

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** NEW LIFE CARE CENTER, INC.

**Current Principal Place of Business:**

4715 NW 157 ST.  
#106  
MIAMI, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

4715 NW 157 ST.  
#106  
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number:** 27-0366074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ULIN, LOUIS S MD  
9786 SW 24TH STREET  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

DE LA OSA, ENI  
4715 NW 157 ST  
#106  
MIAMI, FL 33014 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:** ENI DE LA OSA

02/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DE LA OSA, ENI  
**Address:** 4715 NW 157 ST - #106  
**City-St-Zip:** MIAMI, FL 33014 US

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:** ENI DE LA OSA

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date