

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000089575

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** NEW DAY HEALTH CARE & SERVICES CORP

**Current Principal Place of Business:**

41 NW 136 COURT  
MIAMI, FL 33182

**New Principal Place of Business:**

231 EAST 2ND STREET.  
APTO # 1  
HIALEAH, FL 33010 US

**Current Mailing Address:**

41 NW 136 COURT  
MIAMI, FL 33182

**New Mailing Address:**

231 EAST 2ND STREET  
APTO # 1  
HIALEAH, FL 33010 US

**FEI Number:** 45-3590119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL PINO, VANNESSA  
41 NW 136 CT  
MIAMI, FL 33182 US

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

DEL PINO, VANNESSA  
231 EAST 2ND STREET  
APTO # 1  
HIALEAH, FL 33010 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: VANNESSA DEL PINO

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEL PINO, VANNESSA  
Address: 231 EAST 2ND STREET. APTO # 1  
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: VANNESSA DEL PINO

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date