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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000002771 (3)

NEW AGE HEALTH CARE CORP.

FILED Apr 24 1997 8:00am Secretary of State



Principal Prace of Business 6131 S.W. 44 STREET MIAMI FL 33155			Mailing Address 6131 S.W. 44 STREET MIAMI FL 33155-5214					
					3. Date Incorporated or Qualified 10/30/1992	3a. Da 05/ 0	te of Last F 01/1996	Report
2. Principal Pla	ace of Business	2s. Mailing Address			4. FEI Number		A	pplied For
21		26			65-0365646		N	ot Applicable
Suite, Apt #	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75	Additional
22		27			5. Certificate of Status Desired		Fee R	equired
City & State	>	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zφ	Country	Zip	Coun	lry	8. This corporation has liability for			. 199.032
24	25	29	30			Yes [
	9, Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered /	\gent	
	Gues, elsa		ļe	Name				
6131	I S.W. 44 STREET		E	2 Street Ac	Idress (P.O. Box Number is Not Accepta	ble)		
MIAN	vii FL 33155		1			,		
			[8	13				
			_	4 City			Total Zin	Codo
]°	City		FL	85 Zip	Code
office or re agent. Lar	egistered agent, or both, in the St m familiar with, and accept the ot	late of Florida. Such change volligations of, Section 607.050	was authorized 5, Florida Statu	by the corpo tes.	orporation submits this statement for the ration's board of directors. I hereby acce	opt the app	ointment as	; registered
SIGNATURE								
	Signstate typind or printed name of registered	· · · · — — · · · · · · · · · · · · · ·		Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		quired when reinstating) ADDITIONS/CHANGES TO OFF			
12. TITLE	OFFICERS PTD	· · · · — — · · · · · · · · · · · · · ·	13, 1.1 TITL	E			DIRECTO Change	
12.	OFFICERS PTD BRUGUES, ELSA	AND DIRECTORS	13.	E				
12. TITLE	OFFICERS PTD BRUGUES, ELSA 6131 S.W. 44 STREET	AND DIRECTORS	13. E 1.1 TITL 1.2 NAM	E				
12. TITLE NAME	OFFICERS PTD BRUGUES, ELSA 6131 S.W. 44 STREET MIAMI FL 33155	AND DIRECTORS DELETI	13. 1.1 TITL 1.2 NAW 1.3 STRI 1.4 CITY	E I		ICERS AND	Change	Addition
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12. THE NAME STREET ADDRESS CHY-SL-ZIP THE	PTD BRUGUES, ELSA 6131 S.W. 44 STREET MIAMI FL 33155 VPSD MUHOZ, OLGA B131 SW 44 ST.	AND DIRECTORS DELETI	13. E 1.1 TITL 1.2 NAW 1.3 STRI 1.4 CITY E 2.1 TITL 2.2 NAW	E IE EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	☐ Addition
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I do nereby certify that the information supplies with this fining does not qualify for the exemption stated in section 113.07.37(f), Pibrida Statutes. In this certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in the appears in Block 12 or Block 13 if changed, or in the appears in Block 13 if changed in the same legal effect as if made under oath; that

SIGNATURE