**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000561 (8)

1. Corporation Name
NEW LIFE OBSTETRICAL CARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2323 CURLEW RD<br>SUITE 7E<br>PALM HARBOR FL 34683 | 2323 CURLEW RD<br>SUITE 7E<br>PALM HARBOR FL 34683 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 400 E. Martin Luther King
22 Suite, Apt. #, etc. Blvd., Suite 105
23 City & State: Tampa, FL
24 Zip: 33603
25 Country: USA

2a. Mailing Address
26 400 E. Martin Luther King
27 Suite, Apt. #, etc. Blvd., Suite 105
28 City & State: Tampa, FL
29 Zip: 33603
30 Country: USA

4. FEI Number: 65-0458576 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSON, CHARLES J
2323 CURLEW RD
SUITE 7E
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: DR. HERNAN LEON
82 Street Address (P.O. Box Number is Not Acceptable): 400 E. MARTIN LUTHER KING BLVD.
83: SUITE 105
84 City: TAMPA
FL
85 Zip Code: 33603

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Hernan Leon, M.D., President — 1/24/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEON, HERNAN | 1.2 NAME | |
| STREET ADDRESS | 4129 N ARMENIA AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LEWIS, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 4710 N HABANA AVE #402 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 2.4 CITY-ST-ZIP | |
| TITLE | DST | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | DILLON, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 3910 NORTHDALE BLVD #206 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33624 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

# DEPOSITED BY BANK RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 on an attachment with an address.

SIGNATURE: Hernan Leon — 1-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date

HERNAN LEON, M.D.

813-239-9166
Daytime Phone #

0166874 CP