

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90024 035 ***150.00

DOCUMENT # P94000000561

1. Entity Name
NEW LIFE OBSTETRICAL CARE, INC.

Principal Place of Business
400 E. MARTIN LUTHER KING BLVD
105
TAMPA FL 33603
US

Mailing Address
400 E. MARTIN LUTHER KING BLVD
105
TAMPA FL 33603
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0458576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON, HERNAN J
400 E. MLK BLVD
SUITE 105
TAMPA FL 33603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **LEON, HERNAN**
 CITY-ST-ZIP **4129 N ARMENIA AVE**
TAMPA FL 33607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

319165

Miscellaneous Income

**For
Internal Revenue
Service Center**

File with Form 1096.

For Privacy Act and Paperwork Reduction Act Notice, see the **2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.**

Department of the Treasury - Internal Revenue Service

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PAYER's name, street address, city, state, and ZIP code		1 Rents	OMB No. 1545-0115	Miscellaneous Income
NEW LIFE OBSTETRICAL CARE, INC. 400 E. MARTIN LUTHER KING JR. BLVD		\$	2001	
TAMPA FL 33603		2 Royalties		
813-239-9166		\$	Form 1099-MISC	Copy A For Internal Revenue Service Center File with Form 1096.
PAYER'S Federal identification number 65-0458576	RECIPIENT'S identification number 353-46-0800	3 Other income	4 Federal income tax withheld	
		\$	\$	
		5 Fishing boat proceeds	6 Medical and health care payments	
RECIPIENT'S name RODOLFO REYNO		\$	\$	For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
Street address (including apt. no.) 12914 BIG SUR DRIVE		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	
City, state, and ZIP code TAMPA FL 33625		\$	\$	
Account number (optional)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds	
		\$	\$	
2nd TIN not <input type="checkbox"/>		11	12	
		13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
		\$	\$	
15		16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
		\$		\$

Miscellaneous Income

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Internal Revenue
Service Center**

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Department of the Treasury - Internal Revenue Service

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☐ VOID☐ CORRECTED

ATTACHMENT


PPH/000000

Doc#:

P94000000561

Miscellaneous
Income

319166

PAYER'S name, street address, city, state, and ZIP code NEW LIFE OBSTETRICAL CARE, INC. 400 E. MARTIN LUTHER KING JR. BLVD TAMPA FL 33603 813-239-9166		1 Rents \$	OMB No. 1545-0115 2001 Form 1099-MISC	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2 Royalties \$	4 Federal income tax withheld \$	
		3 Other income \$	6 Medical and health care payments \$	
		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
		7 Nonemployee compensation \$ 18448.25	10 Crop insurance proceeds \$	
PAYER'S Federal identification number 65-0458576		RECIPIENT'S identification number 146-46-4885		
RECIPIENT'S name HERNAN LEON				
Street address (including apt. no.) 4107 STILLWATER TERRACE COVE		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
City, state, and ZIP code TAMPA FL 33624		11 		
Account number (optional)		2nd TIN not. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15		16 State tax withheld \$		17 State/Payer's state no. \$
		17 State/Payer's state no. \$		18 State income \$

Form 1099-MISC


48-0971237

Department of the Treasury - Internal Revenue Service

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code NEW LIFE OBSTETRICAL CARE, INC. 400 E. MARTIN LUTHER KING JR. BLVD TAMPA FL 33603 813-239-9166		1 Rents \$	OMB No. 1545-0115 2001 Form 1099-MISC	Miscellaneous Income Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2001 General Instructions for Forms 1099, 1098, 5498, and W-2G.
		2 Royalties \$	4 Federal income tax withheld \$	
		3 Other income \$	6 Medical and health care payments \$	
		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
		7 Nonemployee compensation \$ 56434.33	10 Crop insurance proceeds \$	
PAYER'S Federal identification number 65-0458576		RECIPIENT'S identification number 017-48-0514		
RECIPIENT'S name DR. ZYGFRYD SZEJA				
Street address (including apt. no.) 4600 NORTH HABANA # 31		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
City, state, and ZIP code TAMPA FL 33614		11 		
Account number (optional)		2nd TIN not. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$
15		16 State tax withheld \$		17 State/Payer's state no. \$
		17 State/Payer's state no. \$		18 State income \$

Form 1099-MISC

48-0971237

Department of the Treasury - Internal Revenue Service