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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

TED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400000561 LENTITY NAME NEW LIFE OBSTETRICAL CARE, INC.				,BN,	FILED Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90024 035 ***150.00			
Principal Place of Business 400 E. MARTIN LUTHER K 105 TAMPA FL 33603 US 2. Principal Place of Busin	ING BLVD	Mailing Address 400 E. MARTIN LUTHER 105 TAMPA FL 33603 US 3. Mailing Address	KING BLVD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT	WRITE IN TE	HIS SPACE	
City & State		City & State		4	. FEI Number 65-0458	3576		Applied For Not Applicable
Zip	Country	Zip	Country	5	. Certificate of Status Desi	red 🗌	\$8.75 / Fee Requ	
6. Name	and Address of Current Re	egistered Agent	1	. 7	. Name and Address of N	ew Register		
LEON, HERNAN J 400 E. MLK BLVD SUITE 105 TAMPA FL 33603			Sti	· · · · · · · · · · · · · · · · · · ·	Box Number is Not Accep		FL Zip C	ode
CONATURE	y,submits this statement for t	he purpose of changing if	s registéred of	ffice or registered		of Florida.		
SIGNATURE Signature, typed	or printed name of registered agent and	he purpose of changing if	s registered of TE: Registered Ager VIII FEE IS \$ 002 Fee will	ffice or registered nt signature required who \$150.00 be \$550.00		of Florida. DA gn Financing	**************************************	5.00 May Be
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