

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90055 026 ***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

1st MOORE

CR2E034 (10/05)

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

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

7. Name and Address of New Registered Agent

Name
Luciano A. Martinez Jr. M.D.
Street Address (P.O. Box Number is Not Acceptable)
400 E MLK Blvd.
Suite 105
City Tampa FL Zip Code 33603

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LEON, HERNAN	
STREET ADDRESS	4129 N ARMENIA AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luciano A. Martinez Jr. M.D.	
STREET ADDRESS	400 E MLK Blvd. Ste. 105	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #