


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P94000000561 1. Entity Name NEW LIFE OBSTETRICAL CARE, INC. |  |
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| 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 |
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0458576 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARTINEZ, LUCIANO A M.D. 400 E. MLK BLVD SUITE 105 TAMPA, FL 33603 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000590759 01/18/07-80069-016 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTINEZ JR, LUCIANO A M.D. 400 E. MLK BLVD., STE. 105 TAMPA, FL 33603 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

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|--|-------------------------------------|
| SIGNATURE:  | LUCIANO A. Martinez Jr. MD 1/15/07 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |

(813) 239-9166