

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

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



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

MARTINEZ, LUCIANO A M.D.  
400 E. MLK BLVD  
SUITE 105  
TAMPA, FL 33603

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000919302  
05/13/08-80116-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ JR, LUCIANO A M.D.
STREET ADDRESS	400 E. MLK BLVD., STE. 105
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

*Luciano Martinez MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #