

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000097580

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** NEW ERA HEALTH CENTER, INC.

**Current Principal Place of Business:**

9600 SW 8 STREET  
SUTIE 1  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

9600 SW 8 STREET  
SUTIE 1  
MIAMI, FL 33174 US

**New Mailing Address:**

**FEI Number:** 65-0630069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUSA, BARBARA G  
10041 WEST SUBURBAN DR.  
PINECREST, FL 33156 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VPD  
**Name:** GARCIA, VERENA F  
**Address:** 9748 SW 154 COURT  
**City-St-Zip:** MIAMI, FL 33196

**Title:** TSD  
**Name:** MUSA, BARBARA  
**Address:** 10041 WEST SUBURBAN DRIVE  
**City-St-Zip:** MIAMI, FL 33156

**Title:** PD  
**Name:** GARCIA, ENRIQUE A PD/CEO  
**Address:** 9748 SW 154TH COURT  
**City-St-Zip:** MIAMI, FL 33196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ENRIQUE A. GARCIA

CEO

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date