

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000012529
 1. Entity Name
 NEW HORIZON HEALTH CORP.



| | |
|---|---|
| Principal Place of Business 6150 SUNSET DRIVE SOUTH MIAMI, FL 33143 | Mailing Address 6150 SUNSET DRIVE SOUTH MIAMI, FL 33143 |
|---|---|

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0664529 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 FREUND, IRWIN
 10729 SW 104 ST
 KILIAN PROFESSION VILLAGE
 MIAMI, FL 33126

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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.

SIGNATURE _____ (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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEITZ, MICHAEL A M.D. 6150 SUNSET DRIVE SOUTH MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/24/08-80054-020 150.00

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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.

SIGNATURE: Michael A. Weitz **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/14/08 **Date** **Daytime Phone #**