## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000033538 (5)

NEW LIFE HEALTH SERVICES AND COUNSELING CENTER. INC.

Principal Place of Business BITC NW 16900 STORET

Mailing Address

6176 MW 1630D STREET

## **FILED** May 16 1997 8:00am Secretary of State



2. Principal Place of Business 2. 1 19 90 O N W Dand Ave Suite 2. 15 1 19 90 O N W Dand Ave Suite 2. 15 1 19 90 O N W Dand Ave Suite 2. 20 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	SUITE 300		SUITE 300 MIAMI LAKE FL 33014-2435							
2.   15							3a. Date	of Last R	eporl	-
28	2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		-   Ar	unlied For	
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22	City & State		City & Stato			6. Election Campaign Financing		\$5.00	May Bo	7
Country   Zig   Sq to   Zig	23 1014	mi, Florida	28 miami Florida		Trust Fund Contribution					
10. Name and Address of New Registered Agent   10. Name and Address   10. Name an	Zip	Country	Zip	Countr	,	8. This corporation has liability for i	ntangible ta	ax under s	199.032,	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	24 3316	64 25 Dade	29 33169	30	ude					
8175 NORTH WEST 153RD STREET SUITE 300 MIAMI LAKE FL 33014  83  64 City  FL 85 Zip Code  FL 9 City  FL 9 Cit			Registered Agent		a	10. Name and Address of New Re	gistered Ag	jent		_
SUITE 300 MIAMI LAKE FL 33014  83 City  FL 65 Zip Code  11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registore office or registered agent. I am familiar with, and accept the obligations of, Section 607 05.05, Florida Statutes  SIGNATURE  Signature, typed or printed name of segistered agent are fit of its Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 05.05, Florida Statutes  SIGNATURE  Signature, typed or printed name of segistered agent are fit of it approach.  TITLE  DISTRICT ADDRESS  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  ALOYS I. STATE ADDRESS  OTH ST. 2P  ITILE  DELETE  DELETE  3 2 NAME  3 3 SIREL ADDRESS  OTH ST. 2P  TITLE  DELETE  DELETE  TITLE  DELETE  STATEL ADDRESS  OTH ST. 2P  TITLE  DELETE  DELETE  5 1 TITLE  Change  Additional St. 2 NAME  4 3 SIREL ADDRESS  CITY ST. 2P  TITLE  DELETE  5 1 TITLE  Change  Additional Statutes  5 TITLE  TITLE  Change  Additional Statutes  5 TITLE  TITLE  Change  Additional Statutes  5 TITLE  TITLE				81	Name					
MIAMI LAKE FL 33014    84	_			82	Street Add	dress (P.O. Box Number is Not Acceptab	olo)			-
B4 City   FL   95 Zip Code				L_		· · · · · · · · · · · · · · · · · · ·	·			_
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or protect name of registered agent and see if kept calls.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  Additionable street address  1 Street ADDRESS  CITY-ST-2P  TITLE  DELETE  Change Additionable street address  3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  DELETE  DELETE  DELETE  Additionable street address  3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  Change Additionable street address  3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  DELETE  DELETE  STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  Change Additionable street and a submits trequised when volable street and a submits the address in the component and a submits trequised when volable street and a submits the statutes  The component and a submits the statutes  The component and a submits the statute	MIAI	IMI LAKE FL 33014		83	3					1
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Signature   Sign					1 '		FL			
12.	11. Pursuant office or r agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligat	and 607.1508, Florida Statu of Florida Such change was ions of, Section 607.0505, F	ites, the abov authoriżed b lorida Statute	re-named cor by the corpora is.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of c at the appoir	hanging it niment as	s registered registered	
12. OFFICERS AND DIRECTORS  TITLE  DIS  TITLE  NAME  ALOYSIVE O doing  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  3 TITLE  Addition  THE  THE  Addition  THE  THE  Addition  THE  THE  THE  THE  THE  THE  THE  TH	SIGNATURE									
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CITY-ST-ZIP 6.4 (ITY-ST-ZIP 6.4 (ITY-ST-ZIP 7.19)  14. Lido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the		by cortify that the intermetion was "	udli thio Olive does not a col			od in Caption 110 07/07(1) Havida College	. ( f)	netification		4

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal clicic 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 12 or Block 13 if changed, or on an attachment with an address.

4/20/02

(305)657-5260