


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90051 001 ***150.00
02-12-2004 90051 002 *****8.75

DOCUMENT # S74950	
1. Entity Name NEW HEALTH CARE, CORPORATION	

Principal Place of Business 2500 SW 107 AVE #50 MIAMI FL 33165 US	Mailing Address 2500 SW 107 AVE #50 MIAMI FL 33165 US
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2. Principal Place of Business 2500 S.W. 107 Ave.	3. Mailing Address 2500 S.W. 107 Ave.
Suite, Apt. #, etc. #50	Suite, Apt. #, etc. #50

City & State Miami, FL	City & State Miami, FL
Zip 33165	Zip 33165
Country U.S.A	Country U.S.A



MOORE CR2E034 (11/03)

4. FEI Number 65-0281709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FORNARIS, ADDIE 9441 SW 31 TERR #515-W MIAMI FL 33165	
7. Name and Address of New Registered Agent Name Addie Fornaris Street Address (P.O. Box Number is Not Acceptable) 9441 S.W. 31 Terr. MIAMI, City FL Zip Code 33165	

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FORNARIS, ADDIE 9441 SW 31ST TERRACE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I 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 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: Addie Fornaris **1-09-04** **305-553-4831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #