

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000095899

**Entity Name:** NEW LIFE ADULT CARE II, INC.

**Current Principal Place of Business:**

11705 ARBOR MEAD AVE  
RIVERVIEW , FL 33569

**Current Mailing Address:**

11705 ARBOR MEAD AVE  
RIVERVIEW , FL 33569 US

**FEI Number:** 02-0642780

**Certificate of Status Desired:** Yes

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

SEABROOK, ROSALINE  
11705 ARBOR MEAD AVE  
RIVERVIEW , FL 33569 US

*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:** ROSALINE SEABROOK

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PSD	Title	VPTD
Name	SEABROOK, ROSALINE	Name	SEABROOK, JOHNNY
Address	11705 ARBOR MEAD STE 116	Address	11705 ARBOR MEAD AVE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	RIVERVIEW FL 33569
Title	TREASURER		
Name	SEABROOK, JOHNNY		
Address	11705 ARBOR MEAD AVE		
City-State-Zip:	RIVERVIEW FL 33569		

*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:** ROSALINE SEABROOK

**PRESIDENT**

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date