2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90405 019 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000143792

1. Entity Name
HEALTH CARE MERGERS & ACQUISITIONS, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL GENNETT, ESQ. 2151 LE JEUNE RD, MEZZANINE CORAL GABLES, FL 33134	C/O MICHAEL GENNETT, ESQ. 2151 LE JEUNE RD, MEZZANINE CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
400 SARTO AVE.	400 SARTO AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FLORIDA	City & State: CORAL GABLES, FLORIDA
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number 56-2433762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENNETT, MICHAEL
2151 LE JEUNE RD, MEZZANINE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: ENRIQUE GARCIA
Street Address (P.O. Box Number is Not Acceptable): 400 SARTO AVENUE
City: CORAL GABLES FL Zip Code 33134

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 [signature] ENRIQUE GARCIA DATE 4/29/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D GARCIA, ENRIQUE 2151 LE JEUNE RD, MEZZANINE CORAL GABLES, FL 331344200	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS ENRIQUE GARCIA 400 SARTO AVENUE CORAL GABLES, FL 33134	☒ Change ☒ 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: [signature] ENRIQUE GARCIA 4/29/05 (305)458-8473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #