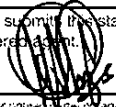
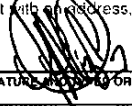


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90181 021 ***150.00

DOCUMENT # P04000068973 1. Entity Name LEONZA HEALTH MANAGEMENT GROUP, INC.					
Principal Place of Business 5131 SW 140 PL MIAMI, FL 33175		Mailing Address 5131 SW 140 PL MIAMI, FL 33175			
2. Principal Place of Business 6565 TAFT ST. Suite, Apt. #, etc. 200		3. Mailing Address 6565 TAFT ST. Suite, Apt. #, etc. 200			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 90-0199917	
Zip 33024		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRA, EMILIANO 5131 SW 140 PL MIAMI, FL 33175				7. Name and Address of New Registered Agent Name THAIZ M. PARRA Street Address (P.O. Box Number is Not Applicable) 6565 TAFT ST. #200 City Hollywood, FL Zip Code 33024	
8. The above named entity submits the 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  THAIZ M. PARRA DATE 2-22-05 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	PTD ☐ Delete PARRA, THAIZ M 5131 SW 140 PL MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PARRA, THAIZ M. 6565 TAFT ST #200 Hollywood, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  THAIZ M. PARRA, Pres. 2/22/05 954-893-1857 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declaration Form 8					

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