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May 04, 2005 8:00 am
Secretary of State
05-04-2005 90181 021 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068973

1. Entity Name
LEONZA HEALTH MANAGEMENT GROUP, INC.

50048180

Principal Place of Business	Mailing Address
5131 SW 140 PL MIAMI, FL 33175	5131 SW 140 PL MIAMI, FL 33175

02232005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6565 TAFT St.		6565 TAFT St.	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Hollywood, Fl.		City & State Hollywood, Fl.	
Zip 33024	Country USA	Zip 33024	Country USA

4. FEI Number 90-0199917 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRA, EMILIANO 5131 SW 140 PL MIAMI, FL 33175	Name THAIZ M. PARRA Street Address (P.O. Box Number is Not Acceptable) 6565 TAFT St. #200 City Hollywood, FL Zip Code 33024

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] THAIZ M. PARRA 2-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 PARRA, TAHIZ M 5131 SW 140 PL MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres PARRA, THAIZ M. 6565 TAFT St. #200 Hollywood, Fl. 33024	☑ 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
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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)(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] THAIZ M. PARRA, Pres. 2/22/05 954-893-1857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #