2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050320

Entity Name: DUMANA HEALTH CARE SERVICES, INC.

FILED Apr 27, 2007 Secretary of State

04/27/2007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

20100 W. COUNTRY CLUB DR. NO. 1202 20100 W. COUNTRY CLUB DR. AVENTURA, FL 33180

APT. 1202

AVENTURA, FL 33180

Current Mailing Address: New Mailing Address:

20100 W. COUNTRY CLUB DR. NO. 1202 20100 W. COUNTRY CLUB DR.

AVENTURA, FL 33180 APT. 1202

AVENTURA, FL 33180

FEI Number: 20-2721076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

UMANA, DORIS UMANA, DORIS

20100 W. COUNTRY CLUB DR. NO. 1202 20100 W. COUNTRY CLUB DR.

AVENTURA, FL 33180 US APT. 1202 AVENTURA, FL 33180 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.

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

SIGNATURE:

Title: (X) Change () Addition () Delete Title:

UMANA, DORIS UMANA, DORIS Name: Name:

20100 W. COUNTRY CLUB DR. NO. 1202 20100 W. COUNTRY CLUB DR., APT. 1202 Address: Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: AVENTURA, FL 33180

() Delete Title: SD Title: SD (X) Change () Addition

Name: UMANA, SERGIO Name: UMANA, SERGIO

20100 W. COUNTRY CLUB DR. NO. 1202 Address: 20100 W. COUNTRY CLUB DR., APT. 1202 Address:

AVENTURA, FL 33180 AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SERGIO UMANA SD 04/27/2007