

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006962

Entity Name: VALOR HEALTHCARE, INC.

FILED  
Mar 13, 2006  
Secretary of State

## Current Principal Place of Business:

270 SOUTH HIBISCUS DRIVE  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

12000 BISCAYNE BOULEVARD  
SUITE 202  
NORTH MIAMI, FL 33181

## Current Mailing Address:

270 SOUTH HIBISCUS DRIVE  
MIAMI BEACH, FL 33139

## New Mailing Address:

12000 BISCAYNE BOULEVARD  
SUITE 202  
NORTH MIAMI, FL 33181

FEI Number: 20-3585174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCEO ( ) Delete  
Name: LUNSFORD, BRUCE  
Address: 4360 BROWNSBORO ROAD, SUITE 305  
City-St-Zip: LOUISVILLE, KY 40107

Title: DP ( ) Delete  
Name: LANIER, RAY B  
Address: 1401 S. BRENTWOOD BLVD., STE. 390  
City-St-Zip: ST. LOUIS, MO 63144

Title: DVST ( ) Delete  
Name: TARACIDO, MANUEL E  
Address: 270 S. HIBISCUS DRIVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: EVP ( ) Delete  
Name: FRUGE, DONALD J  
Address: 1401 S. BRENTWOOD BLVD., SUITE 390  
City-St-Zip: ST. LOUIS, MO 63144

Title: D ( ) Delete  
Name: THAMAN, MICHAEL E  
Address: 1401 S BRENTWOOD BLVD., SUITE 390  
City-St-Zip: ST. LOUIS, MO 63144

Title: D ( ) Delete  
Name: MOSELEY, ALLEN S  
Address: 4200 NORTHSIDE PARKWAY, NW  
City-St-Zip: ATLANTA, GA 303173054

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J. KROLL

VP

03/13/2006

Electronic Signature of Signing Officer or Director

Date