2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006962

Entity Name: VALOR HEALTHCARE, INC.

FILED Jan 11, 2007 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
SUITE 202	AYNE BOULE					
Current Mailing Address:			New Mailin	New Mailing Address:		
12000 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181						
FEI Number:	20-3585174	FEI Number Applied For ()	I Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: N				Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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.						
SIGNATURE:						
		c Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	LUNSFORD, BR	BORO ROAD, SUITE 305	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	LANIER, RAY B	Delete WOOD BLVD., STE. 390 63144	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition LANIER, RAY B 12000 BISCAYNE BLVD., STE. 202 NORTH MIAMI, FL 33181		
Title: Name: Address: City-St-Zip:	DVST () TARACIDO, MAN 270 S. HIBISCU: MIAMI BEACH, F	S DRIVE	Title: Name: Address: City-St-Zip:	DVST (X) Change () Addition TARACIDO, MANUEL E 12000 BISCAYNE BLVD., STE. 202 NORTH MIAMI, FL 33181		
Title: Name: Address: City-St-Zip:	EVP () FRUGE, DONAL 1401 S. BRENTV ST. LOUIS, MO	D J WOOD BLVD., SUITE 390	Title: Name: Address: City-St-Zip:	EVP (X) Change () Addition FRUGE, DONALD J 12000 BISCAYNE BLVD., STE. 202 NORTH MIAMI, FL 33181		
Title: Name: Address: City-St-Zip:	THAMAN, MICHA	VOOD BLVD., SUITE 390	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	MOSELEY, ALLI	DE PARKWAY, NW	Title: Name: Address: City-St-Zip:	()Change ()Addition		

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 CFO 01/11/2007