2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008
Secretary of State

DOCUMENT# F05000006962

Entity Name: VALOR HEALTHCARE, INC.

Current Principal Place of Business:

12000 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

12000 BISCAYNE BOULEVARD
SUITE 202
NORTH MIAMI, FL 33181

New Mailing Address:

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:	12000 BISCAYNE BLVD., STE. 202	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	DVST	( ) Delete
Name:	TARACIDO, MANUEL E	
Address:	12000 BISCAYNE BLVD., STE. 202	
City-St-Zip:	NORTH MIAMI, FL 33181	
Title:	EVP	( ) Delete
Name:	FRUGE, DONALD J	
Address:	12000 BISCAYNE BLVD., STE. 202	
City-St-Zip:	NORTH MIAMI, FL 33181	
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 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: RAY LANIER DP 01/25/2008

Electronic Signature of Signing Officer or Director — Date