2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# H74435

Entity Name: SOUTH MIAMI HEALTH ENTERPRISES, INC.

Current Principal Place of Business:

6855 RED ROAD
#600
CORAL GABLES, FL 33143 US

New Principal Place of Business:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

Current Mailing Address:

6855 RED ROAD
#600
CORAL GABLES, FL 33143 US

New Mailing Address:

6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 US

FEI Number: 59-2623930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
#600
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 600
CORAL GABLES, FL 33143 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: 02/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KEELEY, BRIAN E
Address: 6855 RED ROAD STE 600
City-St-Zip: CORAL GABLES, FL 33143

Title: STD ( ) Delete
Name: LAWSON, RALPH E
Address: 6855 RED RD STE 600
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RALPH LAWSON STD 02/24/2009
Electronic Signature of Signing Officer or Director — Date