2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# L05000055310

Entity Name: INTEGRAL HEALTHCARE MANAGEMENT ADVISORS USA, LLC

Current Principal Place of Business:

C/O MARCELL FELIPE, 1401 BRICKELL AVE.
SUITE 500
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

C/O MARCELL FELIPE, 1401 BRICKELL AVE.
SUITE 500
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELIPE, MARCELL
1401 BRICKELL AVENUE
SUITE 500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RESIDENT AGENT CORPORATION OF PINELLAS CTY
980 TYRONE BLVD.
ST. PETERSUBRG, FL 33710 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: HOWARD P. ROSS 02/14/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GAVIDIA, CARLOS
Address: 1401 BRICKELL AVENUE, SUITE 500
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CARLOS GAVIDIA MGRM 02/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date