2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000110373

Entity Name: IAPA HEALTH LLC

Current Principal Place of Business:

5701 COLLINS AVE., #1014
MIAMI BEACH, FL 33140

New Principal Place of Business:

13305 NE 2 AVENUE
N. MIAMI, FL 33161

Current Mailing Address:

5701 COLLINS AVE., #1014
MIAMI BEACH, FL 33140

New Mailing Address:

13305 NE 2 AVENUE
N.MIAMI, FL 33161

FEI Number: 20-4557064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATO, MIGUEL
5701 COLLINS AVE., #1014
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

MATO, MIGUEL
13305 NE 2 AVENUE
N.MIAMI, FL 33161 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: _____ 04/18/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MATO, MIGUEL
Address: 5701 COLLINS AVE., #1014
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete
Name: MATO, FEDERICO
Address: 5701 COLLINS AVE., #1014
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MATO, MIGUEL
Address: 13305 NE 2 AVENUE
City-St-Zip: N.MIAMI, FL 33161

Title: MGRM (X) Change ( ) Addition
Name: MATO, FEDERICO
Address: 13305 NE 2 AVENUE
City-St-Zip: N.MIAMI, FL 33161

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: MIGUEL MATO MBR 04/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date