2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N01000001 RSOUTH HEALTH CARE A			05-01-2006 90482 046 ****61.25
Principal Place 6410 S.W. 80 MIAMI, FL 33	OTH STREET	Mailing Address 6410 S.W. 80TH STREET MIAMI, FL 33176	1	50017855
2. Principal P	face of Business	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	04072006 Chg-NP CR2E037 (11/05)
City & State	ө	City & State		4. FEI Number Applied For 65-1102434 Not Applicabl
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name_	
	DONNA G		Ka	aren del Valle
	BOTH STREET		Street Ad	ldress (P.O. Box Number is Not Acceptable) 410 SW 80 Street
MIAMI, FL	33143			TIO DW OO BETECE
			City Sot	ith Miami, FL Zip Gode 43
n The share		alle a constant all and a constant in the		
the obligat	inamed entity submits this statement to	r the purpose of changing its re	egistered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accep
•	MARKET			
	A VIII I'V V	4		
SIGNATURE				
SIGNATURE.	Signature, typed or printed name of registered agont	and title if applicable. (NOTE:	Registered Agent signature	re required when reinstating) DATE
SIGNATURE .			· · · · · · · · · · · · · · · · · · ·	
SIGNATURE .	Signature, typed or printed name of registered against Filling Fee is \$61.25 Due by May 1, 2006	9. Election Carn; Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Solution Added to Fees Added to Fees
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Make check payable to
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

661-162

Daytime Phone #