2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# N04000006694

Entity Name: VALUEMED MANAGED CARE SERVICES INC.

Current Principal Place of Business:

2125 BISCAYNE BLVD
530
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

2520 SW 68 AVE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-1346523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALUEMED INC
2125 BISCAYNE BLVD
SUITE 530
MIAMI, FL 33137 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VALUEMED INC.,	
Address:	2125 BISCAYNE BLVD, SUITE 530	
City-St-Zip:	MIAMI, FL 33137	
Title:	PSD	( ) Delete
Name:	RODRIGUEZ, FRANCISCO J	
Address:	2520 SW 68 AVE.	
City-St-Zip:	MIAMI, FL 33155	
Title:	D	( ) Delete
Name:	CERVERA, GRISELL	
Address:	1083 SW 137 PL	
City-St-Zip:	MIAMI, FL 33184	
Title:	D	( ) Delete
Name:	GARCIA, HIPOLITO	
Address:	8881 FOUNTAIN BLUE BLVD.	
City-St-Zip:	MIAMI, FL 33172	
Title:	D	( ) Delete
Name:	MEDINA, RAUL	
Address:	1201 SW 23 ST.	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	CANDALES, CARLOS	
Address:	984 SW 4 ST.	
City-St-Zip:	MIAMI, FL 33130	

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:	D	(X) Change ( ) Addition
Name:	ZERVIGON, IVAN	
Address:	2125 BISCAYNE BLVD	
City-St-Zip:	MIAMI, FL 33131	
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 Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO J RODRIGUEZ P 01/25/2005

Electronic Signature of Signing Officer or Director — Date