2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011640

Entity Name: WORLD FAMILY HEALTH CENTER, INC.

FILED Mar 09, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1330 CORAL WAY SUITE 403 14748 SW 56 ST MIAMI, FL 33145 SUITE #151 MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

1330 CORAL WAY SUITE 403 14748 SW 56 ST MIAMI, FL 33145 SUITE # 151 MIAMI, FL 33185

FEI Number: 20-2328592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAMARRA, GABRIELA GAMARRA, GABRIELA 14748 SW 56 ST 1330 CORAL WAY SUITE 403 MIAMI, FL 33145 SUITE # 151 MIAMI, FL 33185 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: 03/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

COMAS, LAURA MURSULI, CARLOS L Name: Name: Address: 1330 CORAL WAY SUITE 403 Address: 14748 SW 56 ST SUITE # 151

MIAMI, FL 33145 MIAMI, FL 33185

City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: SANDOVAL, ROSANO Name: RAVELO, DAMARYS

Address: 1330 CORAL WAY SUITE 403 Address: 14748 SW 56 ST SUITE # 151

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33185

Title: () Delete Title: (X) Change () Addition SILVA, ANA MARIA Name: SILVA, ANA MARIA Name:

1330 CORAL WAY SUITE 403 14748 SW 56 ST SUITE # 151 Address: Address:

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33185

(X) Change () Addition Title: () Delete Title:

GONZALEZ, MARIA VENTURA, NEYSI Name: Name:

1330 CORAL WAY SUITE 403 14748 SW 56 ST SUITE # 151 Address: Address:

City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33185

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 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.

Ρ SIGNATURE: CARLOS MURSULI 03/09/2006