2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

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Entity Name: ALL FLORIDA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

700 S.W. 8 STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

700 S.W. 8 STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 27-3732309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

O'DONNELL, NANETTE ESQ.
DUANE MORRIS LLP
200 S. BISCAYNE BLVD, STE 3400
MIAMI, FL 33131 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: P/D
Name: DORRBECKER, RAMON P
Address: 700 SW 8 STREET
City-St-Zip: MIAMI, FL 33130

Title: S/D
Name: GARCIA, JOSE M
Address: 700 SW 8 STREET
City-St-Zip: MIAMI, FL 33130

Title: D
Name: DE CARDENAS, GONZALO
Address: 700 SW 8 STREET
City-St-Zip: MIAMI, FL 33130

Title: T/D
Name: IGLESIAS, RAFAEL
Address: 700 SW 8TH STREET
City-St-Zip: MIAMI, FL 33130

I hereby 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 all other like empowered.

SIGNATURE: RAMON PEREZ-DORRBECKER P/D 02/01/2011

Electronic Signature of Signing Officer or Director — Date