

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000004427

FILED
Apr 26, 2005
Secretary of State**Entity Name:** EXCLUSIVE HEALTH SYSTEMS, INC.**Current Principal Place of Business:**7801 SW 24TH STREET
SUITE 121
MIAMI, FL 33155**New Principal Place of Business:**7801 SW 24TH STREET
SUITE 122
MIAMI, FL 33155**Current Mailing Address:**7801 SW 24TH STREET
SUITE 121
MIAMI, FL 33155**New Mailing Address:**7801 SW 24TH STREET
SUITE#122
MIAMI, FL 33155**FEI Number:** 65-0974478**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CASTILLO, MARLENE L
7801 SW 24TH STREET
SUITE 121
MIAMI, FL 33174 US**Name and Address of New Registered Agent:**CASTILLO, MARLENE L
7801 SW 24TH STREET
SUITE 122
MIAMI, FL 33155 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:

04/26/2005

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PSTD () Delete
Name: CASTILLO, MARLENE L
Address: 7801 SW 24TH STREET
City-St-Zip: MIAMI, FL 33174**Title:** S (X) Delete
Name: TABLADA, GONZALO A
Address: 7801 S.W. 24TH STREET, STE. 121
City-St-Zip: MIAMI, FL 33174**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PSTD (X) Change () Addition
Name: CASTILLO, MARLENE L
Address: 7801 SW 24TH STREET
City-St-Zip: MIAMI, FL 33155**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE LOPEZ DEL CASTILLO

PRES

04/26/2005

Electronic Signature of Signing Officer or Director_____
Date