

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076890

Entity Name: D.C. HEALTH MANAGEMENT, INC.

FILED
Mar 16, 2005
Secretary of State

Current Principal Place of Business:

815 PONCE DE LEON
STE 100
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

815 PONCE DE LEON
STE 100
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1032118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANUEVA, MIGUEL J
13284 SW 136TH TERR
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CASANUEVA, MIGUEL J
815 PONCE DE LEON
100
MIAMI, FL 33134 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: MIGUEL CASANUEVA

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASANUEVA, DAMARIS E
Address: 3383 NW 7 STREER STE 102-104
City-St-Zip: MIAMI, FL 33125

Title: VD () Delete
Name: CASANUEVA, MIGUEL J
Address: 3353 NW 7TH ST STE 102+-104
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASANUEVA, DAMARIS E
Address: 815 PONCE DE LEON 100
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: CASANUEVA, MIGUEL J
Address: 815 PONCE DE LEON 100
City-St-Zip: CORAL GABLES, FL 33134

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: MIGUEL CASANUEVA

VP

03/16/2005

Electronic Signature of Signing Officer or Director

Date