2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P00000118010

Entity Name: DOS HEALTH CARE II, INC.

Current Principal Place of Business:

300 71ST STREET
SUITE 410
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

300 71ST STREET
SUITE 410
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 65-1067457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERNANDO, JORGE A
Address: 300 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: HERNANDO, JORGE R
Address: 300 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: ANTONACCI, NICHOLAS
Address: 300 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: HERNANDO, EDUARDO R
Address: 300 71ST STREET
City-St-Zip: MIAMI BEACH, FL 33141

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J HERNANDO MGR 04/28/2006

Electronic Signature of Signing Officer or Director — Date