

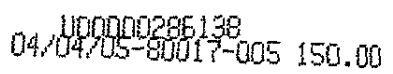
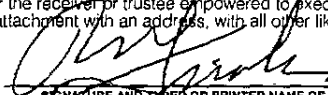


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000001291</b>						
1. Entity Name ASSOCIATES IN HEALTHCARE, INC.						
Principal Place of Business 240 CRANDON BLVD. SUITE 107 KEY BISCAYNE, FL 33149	Mailing Address 240 CRANDON BLVD. SUITE 107 KEY BISCAYNE, FL 33149	  03252005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 65-1064449</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-1064449	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-1064449	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
5. Name and Address of Current Registered Agent  GIRALA, RICARDO 240 CRANDON BLVD. STE. 107 KEY BISCAYNE, FL 33149		<b>DO NOT WRITE IN THIS SPACE</b>				
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>		  <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GIRALA, RICARDO A MD 2541 SOUTHWEST 27TH AVENUE MIAMI, FL 33133					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD GIRALA, ADOLFO J PA 2541 SOUTHWEST 27TH AVENUE MIAMI, FL 33133					
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/31/05 (305) 361-0100</b> <small>Date Daytime Phone #</small>				