

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001291

FILED
Feb 15, 2006
Secretary of State

Entity Name: ASSOCIATES IN HEALTHCARE, INC.

Current Principal Place of Business:

240 CRANDON BLVD.
SUITE 107
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

240 CRANDON BLVD.
SUITE 107
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-1064449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRALA, RICARDO
240 CRANDON BLVD. STE. 107
KEY BISCAYNE, FL 33149 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: PTD () Delete
Name: GIRALA, RICARDO A MD
Address: 2541 SOUTHWEST 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: SVD () Delete
Name: GIRALA, ADOLFO J PA
Address: 2541 SOUTHWEST 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GIRALA, RICARDO A MD
Address: 240 CRANDON BLVD. STE. 107
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SVD (X) Change () Addition
Name: GIRALA, ADOLFO J PA
Address: 240 CRANDON BLVD. STE. 107
City-St-Zip: KEY BISCAYNE, FL 33149

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: RICARDO A. GIRALA, MD

PTD

02/15/2006

Electronic Signature of Signing Officer or Director

Date