

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000080309

Entity Name: AURORA HEALTHCARE, INC.

FILED
May 23, 2006
Secretary of State**Current Principal Place of Business:**111 NW 183RD STREET
SUITE 420
MIAMI GARDENS, FL 33169**New Principal Place of Business:****Current Mailing Address:**111 NW 183RD STREET
SUITE 420
MIAMI GARDENS, FL 33169**New Mailing Address:**

FEI Number: 65-1133246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:USAN, YAQUELIN
111 N.W. 183RD STREET
SUITE 420
MIAMI GARDENS, FL 33169 US**Name and Address of New Registered Agent:**RUIZ, LESTER
111 N.W. 183RD STREET
SUITE 420
MIAMI GARDENS, FL 33169 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: LESTER RUIZ

05/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PVST () Delete
Name: USAN, YAQUELIN
Address: 111 NW 183RD STREET STE 420
City-St-Zip: MIAMI GARDENS, FL 33169**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PVST (X) Change () Addition
Name: RUIZ, LESTER
Address: 111 NW 183RD STREET STE 420
City-St-Zip: MIAMI GARDENS, FL 33169

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: LESTER RUIZ

PVST

05/23/2006

Electronic Signature of Signing Officer or Director

Date