

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000025512

FILED
Jul 29, 2005
Secretary of State**Entity Name:** RAYMAR HEALTH CARE, INC.**Current Principal Place of Business:**10358 WEST MCNAB ROAD
BUILDING C
TAMARAC, FL 33321**New Principal Place of Business:****Current Mailing Address:**10358 WEST MCNAB ROAD
BUILDING C
TAMARAC, FL 33321**New Mailing Address:****FEI Number:** 01-0624624**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MARANGES, RAY
2820 BANYAN BOULEVARD
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**LIMA AND RIOS
8360 WEST FLAGLER STREET
SUITE 200
MIAMI, FL 33144-207 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: LUIS RIOS

07/29/2005

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: MARANGES, RAY
Address: 2820 BANYAN BOULEVARD
City-St-Zip: BOCA RATON, FL 33431**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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: RAYMOND MARANGES

PRES

07/29/2005

Electronic Signature of Signing Officer or Director_____
Date