2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075343

Entity Name: LATIN AMERICAN MEDICAL CARE, INC

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4999 W 8TH AVE 7150 W 20 AVE SUITE 26 SUITE 614 HIALEAH, FL 33012 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

4999 W 8TH AVE 7150 W 20 AVE SUITE 26 SUITE 614 HIALEAH, FL 33012 HIALEAH, FL 33016

FEI Number: 73-1649849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARCIA, CATERINA
4999 W 8TH AVE
5UITE 26
HIALEAH, FL 33012 US
GARCIA, CATERINA
7150 W 20 AVE
SUITE 614
HIALEAH, FL 33016 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: CATERINA GARCIA 01/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVTS** () Delete Title: **PVTS** (X) Change () Addition GARCIA, CATERINA GARCIA, CATERINA Name: Name: 4999 W 8TH AVE, SUITE 26 Address: 7150 W 20 AVE, SUITE614 Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: HIALEAH, FL 33016

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: CATERINA GARCIA P 01/11/2005