

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111839

FILED
Apr 01, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PREPAID HEALTH CLINICS, INC.

Current Principal Place of Business:

3191 CORAL WAY STE 303
MIAMI, FL 33145

New Principal Place of Business:

2600 DOUGLAS RD
400
CORAL GABLES, FL 33134

Current Mailing Address:

3191 CORAL WAY STE 303
MIAMI, FL 33145

New Mailing Address:

2600 DOUGLAS RD
400
CORAL GABLES, FL 33134

FEI Number: 57-1136359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLEIN, BRENT D
801 BRICKELL AVE STE 1901
MIAMI, FL 33131 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: D () Delete
Name: ARMAS, JOSE
Address: 3191 CORAL WAY STE 303
City-St-Zip: MIAMI, FL 33145

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARMAS, JOSE
Address: 2600 DOUGLAS RD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Change (X) Addition
Name: VALVERDE, FERNANDO J
Address: 2600 DOUGLAS RD SUITE 400
City-St-Zip: CORAL GABLES, FL 33134

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: FERNANDO VALVERDE

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date