
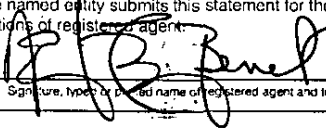
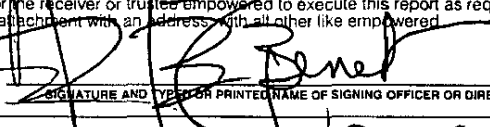


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90160 050 ***150.00

DOCUMENT # P03000056008 1. Entity Name SB HEALTHCARE MANAGEMENT, INC.					
Principal Place of Business 8861 SW 142ND AVENUE #25 MIAMI, FL 33186			Mailing Address PC BOX 96-0267 MIAMI, FL 33296-0267		
2. Principal Place of Business 14632 SW 52 ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State 		4. FEI Number 01-0784319	
Zip 33175		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERIO-BENET, PAUL G 8861 SW 142ND AVENUE #25 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name SILVERIO-BENET, PAUL G. Street Address (P.O. Box Number is Not Acceptable) 14632 SW 52 STREET City MIAMI FL Zip Code 33175	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  PAUL G. SILVERIO-BENET 22-APR-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVERIO-BENET, PAUL G 8861 SW 142ND AVENUE #25 MIAMI, FL 33186	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		21-APR-2005 786-525-8089 Date Daytime Phone #			
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PAUL G. SILVERIO-BENET, PRESIDENT					