2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 17, 2005
Secretary of State

DOCUMENT# P03000094041

Entity Name: CONTINENTAL HEALTH NETWORK, INC.

Current Principal Place of Business:

8388 SW 40TH ST
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8388 SW 40TH ST
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-0190727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELIZ, ANA M
999 PONCE DE LEON BOULEVARD
PH 1120
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: DE LAMAR, LUIS
Address: 8388 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP ( ) Change (X) Addition
Name: SANZ, ELIZABETH
Address: 8388 SW 40 STREET
City-St-Zip: MIAMI, FL 33165

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: LUIS DE LAMAR P 06/17/2005

Electronic Signature of Signing Officer or Director — Date