

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000131576

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: SOUTH FLORIDA MANAGED CARE ASSOCIATES, INC.

**Current Principal Place of Business:**

8388 SW 40 ST.  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

8388 SW 40 ST.  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 20-0400495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VELIZ, ANA M ESQ.  
999 PONCE DE LEON BLVD.  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: DE LAMAR, LUIS  
Address: 3908 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPSD ( ) Delete  
Name: SANZ, ELIZABETH  
Address: 691 SW 123 CT.  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: DE LAMAR, LUIS  
Address: 8388 SW 40TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: VPSD (X) Change ( ) 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

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date