2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# P03000131576

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:

VELIZ, ANA M ESQ.
815 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134 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: 01/13/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: MONROY, ELIAS
Address: 8388 S.W. 40TH 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 Chapter 119, 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 PRES 01/13/2006
Electronic Signature of Signing Officer or Director — Date