

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000131576

FILED
Jun 08, 2006
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:

299 S.W. 27 AVENUE
2ND FLOOR
MIAMI, FL 33135

Current Mailing Address:

8388 SW 40 ST.
MIAMI, FL 33165

New Mailing Address:

299 S.W. 27 AVENUE
2ND FLOOR
MIAMI, FL 33135

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.
815 PONCE DE LEON BLVD.
SUITE 304
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: PTD () Delete
Name: DE LAMAR, LUIS
Address: 8388 SW 40TH STREET
City-St-Zip: MIAMI, FL 33165

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

Title: VP () Delete
Name: MONROY, ELIAS
Address: 8388 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: DE LAMAR, LUIS
Address: 299 S.W. 27 AVENUE 2ND FLOOR
City-St-Zip: MIAMI, FL 33135

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

Title: VP (X) Change () Addition
Name: MONROY, ELIAS
Address: 299 S.W. 27 AVENUE 2ND FLOOR
City-St-Zip: MIAMI, FL 33135

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

P

06/08/2006

Electronic Signature of Signing Officer or Director

Date