2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# P03000131576

Entity Name: SOUTH FLORIDA MANAGED CARE ASSOCIATES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

8388 S.W. 40TH STREET
MIAMI, FL 33155

Current Mailing Address:

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

New Mailing Address:

8388 S.W. 40TH STREET
MIAMI, FL 33155

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:

VELIZ, ANA M ESQ.
2655 LE JEUNE ROAD
PH1-D
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: 05/04/2007
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: DE LAMAR, LUIS
Address: 8388 S.W. 40TH STREET
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify 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 05/04/2007
Electronic Signature of Signing Officer or Director — Date