

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006597

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** CONTINENTAL HEALTH NETWORK DISCOUNT CARD, INC.

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD PH 1120  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

8388 SW 40 STREET  
MIAMI, FL 33165

**Current Mailing Address:**

999 PONCE DE LEON BLVD PH 1120  
CORAL GABLES, FL 33134

**New Mailing Address:**

8388 SW 40 STREET  
MIAMI, FL 33165

**FEI Number:** 22-3898985

**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 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: D ( ) Delete  
Name: VELIZ, ANA M  
Address: 999 PONCE DE LEON BLVD PH 1120  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: DPST (X) Change ( ) Addition  
Name: DE LAMAR, LUIS E  
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

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04/20/2005

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

\_\_\_\_\_  
Date