

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/9/2005-90003-050-\$150.00-\$150.00

<b>DOCUMENT # P04000022074</b> 1. Entity Name <b>LARALAN HEALTH SYSTEMS INTERNATIONAL CORPORATION</b>						<div style="font-size: 1.2em;">05 SEP 27 PM 12:07</div> <div style="font-size: 0.8em;">RECEIVED STATE OF FLORIDA</div>	
Principal Place of Business <b>14022 NORTHWEST 15TH DRIVE PEMBROKE PINES, FL 33028</b>				Mailing Address <b>14022 NORTHWEST 15TH DRIVE PEMBROKE PINES, FL 33028</b>			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>CAZAN, LAWRENCE 14022 NORTHWEST 15TH DRIVE PEMBROKE PINES, FL 33028</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAZAN, LAWRENCE</b> <input type="checkbox"/> Delete <b>14022 NW 15TH DRIVE</b> <b>PEMBROKE PINES, FL 33028</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>SPIVACK, ALAN</b> <b>3-27 SEDVEN EVERGREEN LANE 12850 S.R. 84</b> <b>DAVIE, FL 33325</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CAZAN, LAWRENCE</b> <b>14022 NW 15TH DRIVE</b> <b>PEMBROKE PINES, FL 33028</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Lawrence</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____		Daytime Phone # _____	