

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037532

FILED
Apr 26, 2005
Secretary of State

Entity Name: MEDICAL PROVIDERS OF HEALTHCARE, INC

Current Principal Place of Business:

6175 NW 153 STREET, SUITE #301
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

6175 NW 153 STREET
SUITE # 301
MIAMI LAKES, FL 33014 US

Current Mailing Address:

6175 NW 153 STREET, SUITE #301
MIAMI LAKES, FL 33014 US

New Mailing Address:

6175 NW 153 STREET
SUITE # 301
MIAMI LAKES, FL 33014 US

FEI Number: 20-0800823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, JESUS SR
18520 NW 67 AVE
SUITE 184
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ALVAREZ, ANA M
6175 NW 153 STREET
SUITE # 301
MIAMI LAKES, FL 33014 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: ANA M. ALVAREZ

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, JESUS SR
Address: 18520 NW 67 AVE SUITE 184
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, ANA M
Address: 61275 NW 153 STREET
City-St-Zip: MIAMI LAKES, FL 33014 US

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: ANA M. ALVAREZ

P

04/26/2005

Electronic Signature of Signing Officer or Director

Date