

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091885

Entity Name: DADE CO. HEALTHCARE, INC.

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

6800 WEST 16 DR. #308
HIALEAH, FL 33014

New Principal Place of Business:

10355 NW 31 COURT
MIAMI, FL 33147

Current Mailing Address:

6800 WEST 16 DR. #308
HIALEAH, FL 33014

New Mailing Address:

10355 NW 31 COURT
MIAMI, FL 33147

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, JORGE
6800 WEST 16 DR. #308
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

GONZALEZ, ARIAN
10355 NW 31 COURT
MIAMI, FL 33147 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: ARIAN GONZALEZ

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, JORGE
Address: 6800 WEST 16 DR. #308
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, ARIAN
Address: 10355 NW 31 COURT
City-St-Zip: MIAMI, FL 33147

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: ARIAN GONZALEZ

PD

02/24/2005

Electronic Signature of Signing Officer or Director

Date