

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023380

FILED
May 03, 2006
Secretary of State

Entity Name: KCI HEALTH CARE SOLUTIONS INC.

Current Principal Place of Business:

5609 N.W 1 8 PL.
LAUDERHILL, FL, 33313

New Principal Place of Business:

1075 SUNSET STRIP
SUITE208
SUNRISE, FL 33313

Current Mailing Address:

5609 N.W 1 8 PL.
LAUDERHILL, FL, 33313

New Mailing Address:

1075 SUNSET STRIP
SUITE 208
SUNRISE, FL 33313

FEI Number: 20-4056206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARIMBOCAS, INDRA
5609 N.W 18 PL
LAUDERHILL, FL, FL 33313 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

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: PVST () Delete
Name: CARIMBOCAS, INDRA
Address: 5609 N.W 18 PL.
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: INDRA CARIMBOCAS

PVST

05/03/2006

Electronic Signature of Signing Officer or Director

Date