2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P05000039406

Entity Name: PATIENT CARE OF MIAMI, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD.
SUITE 1-A4
MIAMI, FL 33172

New Principal Place of Business:

175 FONTAINEBLEAU BLVD.
SUITE 1G8
MIAMI, FL 33172

Current Mailing Address:

175 FONTAINEBLEAU BLVD.
SUITE 1-A4
MIAMI, FL 33172

New Mailing Address:

175 FONTAINEBLEAU BLVD.
SUITE 1G8
MIAMI, FL 33172

FEI Number: 20-2510459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANUZA, DIEGO J
175 FONTAINEBLEAU BLVD.
SUITE 1-A4
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

GANUZA, DIEGO J
175 FONTAINEBLEAU BLVD.
SUITE 1G8
MIAMI, FL 33172 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: 04/10/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GANUZA, DIEGO
Address: 175 FONTAINEBLEAU BLVD. #1-A4
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: CANTERO, YAMILET
Address: 175 FONTAINEBLEAU BLVD.
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: CALANA, YUDELKIS
Address: 175 FONTAINEBLEAU BLVD.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MENENDEZ, MERCEDES
Address: 175 FONTAINEBLEAU BLVD. 1G8
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition
Name: CANTERO, YAMILET
Address: 175 FONTAINEBLEAU BLVD. 1G8
City-St-Zip: MIAMI, FL 33172

Title: D (X) Change ( ) Addition
Name: CALANA, YUDELKIS
Address: 175 FONTAINEBLEAU BLVD. 1G8
City-St-Zip: MIAMI, FL 33172

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: MERCEDES MENENDEZ PD 04/10/2006
Electronic Signature of Signing Officer or Director — Date