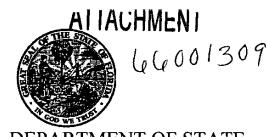
2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED Feb 13, 2006 8:00 am Secretary of State 1/

DOCUMENT # P05000050320 1. Entity Name DUMANA HEALTH CARE SERVICES, INC.							01-17-20	06 90274 018	***150.00
Principal Place of Business 20100 W. COUNTRY CLUB DR. NO. 1202 AVENTURA, FL 33180			Mailing Address 20100 W. COUNTRY CLUB DR. NO. 1202 AVENTURA, FL 33180			66001309			
2. Principal Place of Business			3. Malling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092008	Chg-P	CR2E034 (11/0	5)
City & State			City & State			4. FEI Numb	21076		Applied For Not Applicable
ZipCountry		Zip — Country —		try —	<u> </u>	of Status Desired	Fee Requ	Additional rired	
6. Heme and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
UMANA, DORIS 20100 W. COUNTRY CLUB DR. NO. 1202 AVENTURA, FL 33180					Street Address (P.O. Box Number is Not Acceptable)				
			City		City		<u> </u>	FL Zip C	ode
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 Signature, instead or crimed name of registering against and liberal exercisacies. INDIE Perpassional Against Signature (separation)								DATE	
		FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be fed to Fees			
10.		OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF	ICERS AND DIRECTO	
NAME STREET ADDRESS CHY-ST-ZP	1	DORIS , COUNTRY CLUB DR. RA, FL 33180	☐ Delate		- 1	_		☐ Chen	ge 🔲 Adddition
HITE	20100 W	SERGIO . COUNTRY CLUB DR. RA, FL 33180			1		•	☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS OTY-ST-ZH-			— Delete		i i			Chang	ge 🔲 Addition
THILE HAVE STREET ADDRESS CITY-ST-ZIP			☐ Oelete		-			Chang	pe 🗀 Addition
THLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Debicite		1			☐ Crean	ge 🗀 Addition
TITLE MAME STREET ADDRESS CITY-\$1-ZIP			☐ Oeteta		- 1			☐ Chang	pe 🔲 Addition
indicated	d on this repo	ort or supplemental report the receiver or trustee emr	th this filling does not qualify is true and accurate and that cowered to execute this repowin all other fixe empowers.	my signa t as requ	iture shall have the	same legal effe 7, Florida Statuti	ct as il made under d	oath; that I am an offi e appears in Block 10	cer or director



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2006

DUMANA HEALTH CARE SERVICES, INC. 20100 W. COUNTRY CLUB DR. NO. 1202 AVENTURA, FL 33180

Subject: DUMANA HEALTH CARE SERVICES, INC.

Reference Number:

P05000050320

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION

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