

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90274 018 ***150.00

DOCUMENT # P05000050320 1. Entity Name DUMANA HEALTH CARE SERVICES, INC.			
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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-2721076		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UMANA, DORIS 20100 W. COUNTRY CLUB DR. NO. 1202 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-electing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME UMANA, DORIS	<input type="checkbox"/> Delete	
STREET ADDRESS 20100 W. COUNTRY CLUB DR. NO. 1202	CITY-STATE-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	NAME UMANA, SERGIO	<input type="checkbox"/> Delete	
STREET ADDRESS 20100 W. COUNTRY CLUB DR. NO. 1202	CITY-STATE-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-STATE-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-STATE-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____	NAME _____	<input type="checkbox"/> Delete	
STREET ADDRESS _____	CITY-STATE-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed; or on an attachment with an address, with all other title empowered.			
SIGNATURE: <i>Sergio Umana</i>		Date: 01-09-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66001309



01092008 Chg-P CR2E034 (11/05)



ATTACHMENT

66001309

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 **has not been filed** 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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