2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000148258

Entity Name: RX HEALTHCARE ADVOCATE, INC.

Current Principal Place of Business:

C/O HUGO P. ARZA, ESQ.
2665 S BAYSHORE DR STE 701
MIAMI, FL 33133

New Principal Place of Business:

8120 NW 53RD STREET
SUITE 100
MIAMI, FL 33166

Current Mailing Address:

C/O HUGO P. ARZA, ESQ.
2665 S BAYSHORE DR STE 701
MIAMI, FL 33133

New Mailing Address:

8120 NW 53RD STREET
SUITE 100
MIAMI, FL 33166

FEI Number: 20-3745720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARZA, HUGO P ESQ.
2665 S BAYSHORE DR STE 701
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ARZA, HUGO P ESQ.
1768 SW 15 STREET
MIAMI, FL 33145 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: 04/27/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, SANFORD
Address: 2665 S BAYSHORE SR STE 701
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: LOPEZ, ANA B
Address: 2665 S BAYSHORE SR STE 701
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: COHEN, SANFORD
Address: 8120 NW 53RD STREET, SUITE 100
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition
Name: LOPEZ, ANA B
Address: 8120 NW 53RD STREET, SUITE 100
City-St-Zip: MIAMI, FL 33166

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: SANFORD COHEN P 04/27/2006
Electronic Signature of Signing Officer or Director — Date