2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 17, 2006
Secretary of State

DOCUMENT# P05000152343

Entity Name: AA HEALTH CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

1701 WEST FLAGLER ST
SUITE 215
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1701 WEST FLAGLER ST
SUITE 215
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-3808661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ, ALAIN ALFONSO
1701 WEST FLAGLER ST
SUITE 215
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

RODRIGUEZ, RAUL
1701 WEST FLAGLER ST
SUITE 215
MIAMI, FL 33135 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: RAUL RODRIGUEZ 11/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, ALAIN ALFONSO
Address: 1701 WEST FLAGLER ST - SUITE 215
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: RODRIGUEZ, RAUL
Address: 1701 WEST FLAGLER ST - SUITE 215
City-St-Zip: MIAMI, FL 33135

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: RAUL RODRIGUEZ PSD 11/17/2006
Electronic Signature of Signing Officer or Director Date