## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## FILED Mar 21, 2007 8:00 am Secretary of State

TH CARE RELATIONS	08384 INC.	•			02-23-2007	-		
of Business	Mailing Address			1				
T 145	2910 SW 18 ST MIAMI, FL 33145							
an at Business No. B.O. Box H	3 Mailian Addraga		·					
ICG OF Business - NO P.O. BOX #	3, Making Address				OND EMU BYRN OUR BY		DE OLD HANDE INCHER BAI	K(11) () (11)
, etc.	Suite, Apt. #, etc.	Suite, Apt. #. etc.			02082007 Chg-P CR2E034 (12/06)			
	City & State			4. FEI Number	20-49	929		oplied For ot Applicable
Country	Zip	Coun	ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Curre	ent Registered Agent			7. Name and A	ddress of New R	legistered	Agent	
IADO			Name					
3 ST 33145			Street Address (	(P.O. Box Number	is Not Acceptable	e) ———	<del></del> .	
							7 0-4	
			City			FL	. Zip Coo	
NOW!! FEE IS \$150.00 y 1, 2007 Fee will be \$55	IO.00 Trust Fund Co	ntribution.	☐ Ado	.00 May Be led to Fees				
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y 1, 2007 Fee will be \$55	Trust Fund Co	ntribution.	Add		HANGES TO OFF	ICERS AND	DIRECTOR  Change	
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	etc.  Country  6. Name and Address of Curro ADO ST 33145  amed entity submits this statements of registered agent.	### MIAMI, FL 33145  Detail Business - No P.O. Box # 3. Mailing Address  etc. Suite, Apt. #, etc.  City & State  Country Zip  8. Name and Address of Current Registered Agent  ADO ST 33145  amed entity submits this statement for the purpose of changing is of registered agent.	ADO ST 33145  MIAMI, FL 33145  Box # 3. Mailing Address  etc. Suite, Apt. #, etc.  City & State  Country Zip Cour  6. Name and Address of Current Registered Agent  ADO ST 33145  amed entity submits this statement for the purpose of changing its register is of registered agent.	45 MIAMI, FL 33145  ce of Business - No P.O. Box # 3, Mailing Address  etc. Suite, Apt. #, etc.  City & State  Country Zip Country  8. Name and Address of Current Registered Agent  Name  Street Address of Street Address of City and City	etc.  Suite, Apt. #, etc.  Country  Zip  Country  Size of Country  Country  Country  Size Country  Size Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number 33145	amed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fixed Fixed Agent.  MIAMI, FL 33145  3. Mailing Address  3. Mailing Address  4. FEI Number  20 - 4/9  5. Certificate of Status Desired  7. Name and Address of New Fixed Address of New Fixed Address of New Fixed Address (P.O. Box Number is Not Acceptable City  amed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fixed Address agent.	ADO ST 33145  MIAMI, FL 33145  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  Suite, Apt. #, etc.  City & State  Country  Country  Country  Suite, Apt. #, etc.  City & State  Country  Country  Suite, Apt. #, etc.  City & State  Country  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  City & State  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  City State  Country  Suite, Apt. #, etc.  City State  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  City State  Country  Suite, Apt. #, etc.  City Suite, Apt. #, etc.  Country  Suite, Apt. #, etc	ADO ST ST 33145  MIAMI, FL 33145  Billing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address  City & State  City & State  Country  S. Certificate of Status Desired Fab Require  Name  ADO ST 33145  City  City  City  FL  Zip Cod  amed 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, as of registered agent.