2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P07000006656

Entity Name: SAMAHI HEALTHCARE, INC.

Current Principal Place of Business:

2097 W. 76TH ST., STE.B
HIALEAH, FL 33016

New Principal Place of Business:

2200 W 80 ST
BAY # 7
HIALEAH, FL 33016

Current Mailing Address:

2097 W. 76TH ST., STE.B
HIALEAH, FL 33016

New Mailing Address:

P.O. BOX 160819
HIALEAH, FL 33016

FEI Number: 20-8255296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, PEDRO
2097 WEST 76 STREET
SUITE B
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

ACOSTA, PEDRO
2200 W 80 ST
BAY # 7
HIALEAH, FL 33016 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: 04/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ACOSTA, PEDRO
Address: 2097 WEST 76 STREET SUITE B
City-St-Zip: HIALEAH, FL 33016

Title: TS ( ) Delete
Name: CABRERA, KAREN
Address: 2097 WEST 76 STREET SUITE B
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ACOSTA, PEDRO
Address: P.O. BOX 160819
City-St-Zip: HIALEAH, FL 33016

Title: TS (X) Change ( ) Addition
Name: CABRERA, KAREN
Address: P.O. BOX 160819
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify 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: PEDRO ACOSTA P 04/29/2009
Electronic Signature of Signing Officer or Director — Date