2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90079 048 ***150.00

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1. Entity Name
DIAMOND HEALTH MEDICAL CARE CENTER, INC.

Principal Place of Business	Mailing Address
15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014	15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014

04182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 68-0654060 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ORTEGA, GUILLERMO 8920 NW 153 TERR MIAMI LAKES, FL 33018	Name Ortega, Guillermo Street Address (P.O. Box Number is Not Acceptable) 15327 NW 60Th Ave Suite 203 City Miami Lakes FL Zip Code 33014

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 [signature] Guillermo Ortega President DATE 04/18/2008
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORTEGA, GUILLERMO 15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ortega, Guillermo 15327 NW 60Th Ave Suite 203 Miami Lakes FL, 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RODRIGUEZ, ANDY 15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Cohen, Maybi 15327 NW 60Th Ave Suite 203 Miami Lakes, FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COHEN, MAYBI 15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Quintero Jenileiss S 15327 NW 60Th Ave Suite 203 Miami Lakes FL 33014
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T QUINTERO, JENILEISS S 15327 NW 60 AVE SUITE 203 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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 like empowered.

SIGNATURE: [signature] Guillermo Ortega President 04/18/08 3053629989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #