2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P07000119587

Entity Name: LAS AMERICAS EMERGENCY PHYSICIANS, INC.

Current Principal Place of Business:

7169 VIA FIRENZE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7169 VIA FIRENZE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 26-1353006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENENDEZ, BENNY
7169 VIA FIRENZE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	T,D	( ) Delete
Name:	MENENDEZ, BENNY	
Address:	7169 VIA FIRENZE	
City-St-Zip:	BOCA RATON, FL 33433 US	
Title:	VP,D	( ) Delete
Name:	ALICEA, JOSE	
Address:	SABANERA DEL RIO CAMINO MIRAMONTES 579	
City-St-Zip:	GURABO, PR 00778 PR	
Title:	S,D	( ) Delete
Name:	MALDONADO, HECTOR M	
Address:	7551 SW 187 STREET	
City-St-Zip:	CUTLER BAY, FL 33157 US	
Title:	P,D	( ) Delete
Name:	MEJIA VALLE, JORGE	
Address:	98 PASEO IBIZA HACIENDA	
City-St-Zip:	EL MOLONO VEGA ALTA, PR 00692 PR	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BENNY MENENDEZ TD 04/23/2008

Electronic Signature of Signing Officer or Director — Date