2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

DOCUMENT# P10000015886

Entity Name: FLORIDA HEALTHCARE INSTITUTE, INC

Current Principal Place of Business:

9456 SW 77 AVENUE
SUITE T-1
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9456 SW 77 AVENUE
SUITE T-1
MIAMI, FL 33156

New Mailing Address:

P.O. BOX 565364
MIAMI, FL 33256

FEI Number: 27-1961136 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPOS, DANIEL L
9456 SW 77 AVENUE
SUITE T-1
MIAMI, FL 33156 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

OFFICERS AND DIRECTORS:

Title: P
Name: LAHMANN, FELIX F
Address: P.O. BOX 565364
City-St-Zip: MIAMI, FL 33256

Title: VP
Name: CAMPOS, DANIEL
Address: P.O. BOX 565364
City-St-Zip: MIAMI, FL 33256

I hereby 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 all other like empowered.

SIGNATURE: FELIX F. LAHMANN P 01/30/2011

Electronic Signature of Signing Officer or Director — Date