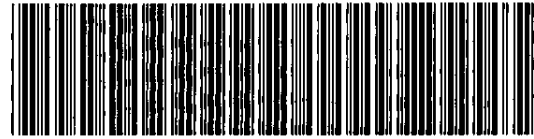


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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cruz Healthcare Corp  
Name of Corporation

**DOCUMENT NUMBER:** P11000071889

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Cruz  
Name of Contact Person

Cruz Healthcare Corp  
Firm/Company

275 Fontainebleau Blvd. Suite # 225 C-D  
Address

Miami, FL 33172  
City/State and Zip Code

vcruz@cruzhealthcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vivian Cruz at ( 305 ) 864 7231  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)