

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027654

FILED
Apr 30, 2007
Secretary of State

Entity Name: PROVIDA HEALTHCARE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

1575 SAN IGNACIO AVENUE, 5TH FLOOR
CORAL GABLES, FL 33146

New Principal Place of Business:

1300 S US1
BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 959
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 65-0692321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENES, GREG
14255 US HIGHWAY ONE
243
JUNO BEACH, FL 33408 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: PVST () Delete
Name: CANTILLO, JULIAN
Address: 1575 SAN IGNACIO AVENUE, 5TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: CANTILLO, JULIAN
Address: P.O. BOX 959
City-St-Zip: BUNNELL, FL 32110

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: JULIAN CANTILLO

MGRM

04/30/2007

Electronic Signature of Signing Officer or Director

Date