

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036021

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: LASTING HEALTH CARE INC.

## Current Principal Place of Business:

1421 SW 8TH ST  
SUITE #4  
MIAMI, FL 33135

## New Principal Place of Business:

11890 SW 8TH STREET  
SUITE #210  
MIAMI, FL 33184

## Current Mailing Address:

1421 SW 8TH ST  
SUITE #4  
MIAMI, FL 33135

## New Mailing Address:

11890 SW 8TH ST.  
SUITE # 210  
MIAMI, FL 33184

FEI Number: 65-0659470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTOS, YAMILA  
1421 SW 8TH ST  
SUITE #4  
MIAMI, FL 33135 US

## Name and Address of New Registered Agent:

SANTOS, YAMILA  
11890 SW 8TH ST.  
SUITE 210  
MIAMI, FL 33184 US

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: YAMILA SANTOS

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANTOS, YAMILA  
Address: 850 NW 132 CT  
City-St-Zip: MIAMI, FL 33182

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YAMILA SANTOS

PRES

04/26/2005

Electronic Signature of Signing Officer or Director

Date