2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P98000037254

Entity Name: MEDLIFE HEALTH CARE OF HIALEAH, INC.

Current Principal Place of Business:

4201 PALM AVENUE
SUITE A
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

7800 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-0846239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPINAL, OSCAR B
7800 CORAL WAY
MIAMI, FL 33155

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: D ( ) Delete
Name: ESPINAL, OSCAR B
Address: 7821 CORAL WY, STE 131
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: ESPINAL, ZONIA
Address: 7821 CORAL WY, STE 131
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: OSCAR ESINAL D 05/01/2003

Electronic Signature of Signing Officer or Director — Date