

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90201 043 \*\*\*150.00

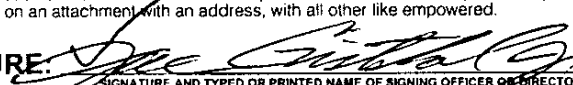
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03312006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000090572			
1. Entity Name HUNTLEIGH HEALTHCARE LATIN AMERICA, INC.			
Principal Place of Business 701 BRICKELL AVE. STE 3000 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE. STE 3000 MIAMI, FL 33131	
2. Principal Place of Business 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. Suite 3112 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. Suite 3112 City & State MIAMI, FL Zip 33131 Country USA	
4. FEI Number 65-0877462		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERLMAN, GEORGE D PA 701 BRICKELL AVE STE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE SUITE 3112 City MIAM FL Zip Code 33131	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CRISTOBAL, JOE C/O 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % 1001 BRICKELL BAY DRIVE, Suite 3112 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHILD, DAVID C/O 701 BRICKELL AVE ST 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition % 1001 BRICKELL BAY DRIVE, Suite 3112 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #