FILED
May 05, 2008 8:00 am
Secretary of State

04-07-2008 90031 014 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000090572

1. Entity Name
HUNTLEIGH HEALTHCARE LATIN AMERICA, INC.

66009775

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE STE 3112 MIAMI, FL 33131	1001 BRICKELL BAY DRIVE STE 3112 STE 3000 MIAMI, FL 33131

01292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2602 NW 97 Ave	2602 NW 97 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 65-0877462 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PERLMAN, GEORGE D PA 1001 BRICKELL BAY DRIVE SUITE 3112 MIAMI, FL 33131	Name: Joe Cristobal Street Address (P.O. Box Number is Not Acceptable): 2602 NW 97 AVE City: MIAMI FL Zip Code: 33172

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: [signature] DATE: 4/2/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CRISTOBAL, JOE		NAME	
STREET ADDRESS	C/O 1001 BRICKELL BAY DRIVE STE 3112		STREET ADDRESS	2602 NW 97 AVE
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SCHILD, DAVID		NAME	
STREET ADDRESS	C/O 1001 BRICKELL BAY DRIVE STE 3112		STREET ADDRESS	2602 NW 97 AVE
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33172
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] Date: 4/28/08 Daytime Phone #: 305 43-0526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR