

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S27991

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: DOS HEALTH MANAGEMENT, INC.

## Current Principal Place of Business:

300 71ST ST  
400  
MIAMI BEACH, FL 33141 US

## New Principal Place of Business:

## Current Mailing Address:

300 71ST ST  
400  
MIAMI BEACH, FL 33141 US

## New Mailing Address:

FEI Number: 65-0255865      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERNANDO, JORGE  
300 71ST STREET, SUITE 410  
MIAMI BEACH, FL 33141 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: VDTS ( ) Delete  
Name: HERNANDO, JORGE R  
Address: 300 71ST ST STE 410  
City-St-Zip: MIAMI, FL 33141

Title: VT ( ) Delete  
Name: ANTONACCI, NICHOLAS C  
Address: 300 71ST ST STE 410  
City-St-Zip: MIAMI, FL 33141

Title: D ( ) Delete  
Name: HERNANDO, EDUARDO R  
Address: 300 71ST ST STE 410  
City-St-Zip: MIAMI, FL 33141

Title: PD ( ) Delete  
Name: HERNANDO, JORGE A  
Address: 300 71ST STREET, SUITE 410  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: J HERNANDO

MGR

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date