


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M23344
 1. Entity Name
PRIME CARE HEALTH AGENCY, INC.



Principal Place of Business 8405 NW 53RD STREET SUITE B-106 MIAMI, FL 33166 US	Mailing Address 8405 NW 53RD STREET SUITE B-106 MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2596595	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

**SILVERMAN, STEVEN
 9500 S DADELAND BLVD
 SUITE 550
 MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SHOOR, BARRY 8405 NW 53RD STREET #B-106 MIAMI, FL 33156
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 01/28/05-80019-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **1/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #