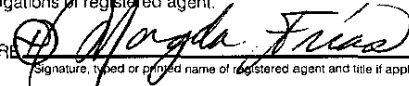
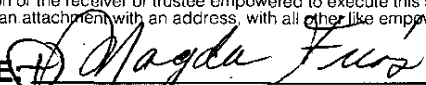


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90085 010 ***150.00

DOCUMENT # P03000051151					
1. Entity Name PCA HEALTH CARE, INC.					
Principal Place of Business 1850 SW 122 AVE #3A MIAMI, FL 33175			Mailing Address 1850 SW 122 AVE #3A MIAMI, FL 33175		
2. Principal Place of Business 19623 SW 103 CT. Suite, Apt. #, etc.		3. Mailing Address 19623 SW 103 CT. Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 54-2109547	
Zip 33157		Country -		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIAS, MAGDA 1850 SW 122 AVE #3A MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: FRIAS MAGDA Street Address (P.O. Box Number is Not Acceptable): 19623 SW 103 CT. City: MIAMI FL Zip Code: 33157		
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:  DATE: 1-7-04 (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, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PD NAME: FRIAS, MAGDA STREET ADDRESS: 1850 SW 122 AVE #3A CITY-ST-ZIP: MIAMI, FL 33175	☐ Delete		TITLE: PD NAME: FRIAS, MAGDA STREET ADDRESS: 19623 SW 103 CT. CITY-ST-ZIP: MIAMI, FL 33157	☒ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition	
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: 			Date: 1-7-04 Daytime Phone #: 305.978.1791		