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	Mailing Address
1850 SW 122 AVE #3A MIAMI, FL 33175	1850 SW 122 AVE #3A MIAMI, FL 33175

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
19623 SW 103 CT. Suite, Apt. #, etc.	19623 SW 103 CT Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33157 Country: -	Zip: 33157 Country:

4. FEI Number: 54-2109547 ☐ 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
FRIAS, MAGDA 1850 SW 122 AVE #3A MIAMI, FL 33175	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: Magda Frias 1-7-04
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, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRIAS, MAGDA 1850 SW 122 AVE #3A MIAMI, FL 33175	☐ Delete	PD FRIAS, MAGDA. 19623 SW 103 CT. MIAMI, FL 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Magda Frias 1-7-04 Off 305 235 9429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Off - 305.978.1791