

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90342 049 ***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
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50038502



2. Principal Place of Business 9768 SW 222 ST	3. Mailing Address 9768 SW 222 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33190	Country USA

04112005 Chg-P CR2E034 (10/03)

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 FRIAS, MAGDA 19623 SW 103 CT MIAMI, FL 33157	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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* DATE: *4/11/05*

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIAS, MAGDA 19623 SW 103 CT MIAMI, FL 33157 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 the empowered.

SIGNATURE: *Magda Frias* (305) 235 9429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #