


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000102101
1. Entity Name
PHARMCARE COACH CONSULTANTS, INC.



Principal Place of Business Mailing Address
7618 140TH STREET 7618 140TH STREET
SEMINOLE, FL 33776 SEMINOLE, FL 33776

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-1343362 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

STEIN, VICTORIA
7618 140TH STREET
SEMINOLE, FL 33776

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6. 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 Victoria Stein DATE 4-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relisting)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, VICTORIA
STREET ADDRESS	7618 140TH STREET
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80006-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] DATE 4-6-06 Daytime Phone # 727-798-3996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR