

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100454

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** PRO-CARE HEALTH SERVICES, CORP

**Current Principal Place of Business:**

8660 WEST FLAGLER STREET SUITE 202  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8660 WEST FLAGLER STREET SUITE 202  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 01-0940871

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LA COTERA, ENRIQUE J  
8660 WEST FLAGLER STREET SUITE 202  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DE LA COTERA, ENRIQUE J  
Address: 8660 WEST FLAGLER STREET SUITE 202  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ENRIQUE DE LA COTERA

OWNE

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date