

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000034576

1. Entity Name
PHYSICIANS HEALTHCARE NETWORK INC.



Principal Place of Business Mailing Address

4180 W 12TH AVE PO BOX 14-4176
 HIALEAH, FL 33012 US CORAL GABLES, FL 33114-4176 US



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0489157 Not Applicable

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

6. Name and Address of Current Registered Agent

QUIRANTES, RAMON JR.
 4180 WEST 12TH AVENUE
 HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

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 _____ (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

TITLE	D
NAME	QUIRANTES, RAMON JR.
STREET ADDRESS	4180 W 12 AV
CITY - ST - ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/01/04-80043-010 150.00

DO NOT WRITE IN THIS SPACE

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: 2-24-04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR