


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 27, 2007 8:00 am**  
**Secretary of State**

06-27-2007 90001 039 \*\*\*150.00

**DOCUMENT # P94000034576**

1. Entity Name  
**PHYSICIANS HEALTHCARE NETWORK INC.**



Principal Place of Business  
**4180 W 12TH AVE**  
**HIALEAH, FL 33012 US**

Mailing Address  
**PO BOX 14-4176**  
**CORAL GABLES, FL 33114-4176 US**

**DO NOT WRITE IN THIS SPACE**



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0489157</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRANTES, RAMON JR. 4180 W 12 AV HIALEAH, FL 33012
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-07 (305) 821-6181  
Date Daytime Phone #