


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000034576**  
 1. Entity Name  
**PHYSICIANS HEALTHCARE NETWORK INC.**



Principal Place of Business <b>4180 W 12TH AVE          HIALEAH, FL 33012 US</b>	Mailing Address <b>PO BOX 14-4176          CORAL GABLES, FL 33114-4176 US</b>
---	--

**DO NOT WRITE IN THIS SPACE**



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0489157</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
**QUIRANTES, RAMON  
 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000031825 02/27/08 00034 000 150.00
--	---	--

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>QUIRANTES, RAMON          4180 W 12 AV          HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** \_\_\_\_\_ **2-11-08** **(305) 888-2210**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #