

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034576

FILED
Mar 12, 2011
Secretary of State

Entity Name: PHYSICIANS HEALTHCARE NETWORK INC.

Current Principal Place of Business:

4180 W 12TH AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-4176
CORAL GABLES, FL 331144176 US

New Mailing Address:

FEI Number: 65-0489157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: QUIRANTES, RAMON
Address: 4180 W 12 AV
City-St-Zip: HIALEAH, FL 33012

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: RAMON QUIRANTES

MR

03/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date