

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034576

**FILED**  
**Jan 14, 2012**  
**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

01/14/2012

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

\_\_\_\_\_ Date