

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046151

Entity Name: PHAMCARE, INC.

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

2290 10TH AVENUE NORTH
SUITE 503 E
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX # 3465
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 65-0838065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETITHOMME II, YVENY N PRES
2290 10TH AVENUE NORTH
SUITE 503 E
LAKE WORTH, FL 33461 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: PETITHOMME II, YVENY N
Address: 2290 10TH AVENUE NORTH, SUITE 503 E
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: PETITHOMME II, YVENY N PRES
Address: 2290 10TH AVENUE NORTH, SUITE 503 E
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVENY N PETITHOMME II

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date