

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000034576

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

**Current Principal Place of Business:**

11767 S DIXIE HWY  
# 208  
MIAMI, FL 33156

**Current Mailing Address:**

PO BOX 14-4176  
CORAL GABLES, FL 33114-4176 US

**FEI Number:** 65-0489157

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

QUIRANTES, RAMON  
11767 S DIXIE HWY  
# 208  
MIAMI, FL 33156 US

*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

**Officer/Director Detail :**

Title            D  
Name            QUIRANTES, RAMON  
Address        PO BOX 14-4176  
City-State-Zip: CORAL GABLES FL 33114-4176

*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

**DIRECTOR**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date