

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034576

Entity Name: PHYSICIANS HEALTHCARE NETWORK INC.

Current Principal Place of Business:

4180 W 12TH AVE
HIALEAH, FL 33012

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
4180 WEST 12TH AVENUE
HIALEAH, FL 33012 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 4180 W 12 AV
City-State-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

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date