

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44287

Entity Name: PROFESSIONAL CARE I, INC.

Current Principal Place of Business:

10850 SW 113 PLACE
MIAMI, FL 33176

Current Mailing Address:

10850 SW 113 PLACE
MIAMI, FL 33176

FEI Number: 65-0340771

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROIZ, OSCAR L
10850 SW 113 PLACE
MIAMI, FL 33176 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	PD	Title	VP
Name	SHAHAM, JACOB	Name	SHAHAM, HELEN
Address	11355 SW 84 STREET	Address	11355 SW 84 STREET
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

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: JACOB SHAHAM

PRESIDENT

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date