

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009198

FILED
Apr 28, 2006
Secretary of State

Entity Name: PROFESSIONAL CARE MGMT CO INC.

Current Principal Place of Business:

761 NW 45TH AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

761 NW 45TH AVE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 36-4578462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT-RILEY, JOAN
761 NW 45TH AVE
PLANTATION, FL 33317 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 () Delete
Name: BENNETT-RILEY, JOAN
Address: 761 NW 45TH AVE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: GREENWOOD, LELITH
Address: 19225 NW 23 AVE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: TAVARES, MARICA
Address: 7641 NW 29TH STREET
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN BENNETT-RILEY

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date