

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017882

Entity Name: PHYSICIAN HOUSE CALLS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

3127 W HALLANDALE BEACH BLVD.
110
PEMBROKE PARK, FL 33009

New Principal Place of Business:

Current Mailing Address:

9195 COLLINS AVE
812
SURFSIDE, FL 33154

New Mailing Address:

3127 W HALLANDALE BEACH BLVD
110
PEMBROKE PARK, FL 33009

FEI Number: 65-0987157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DAVID L
9195 COLLINS AVENUE
812
SURFSIDE, FL FL US

Name and Address of New Registered Agent:

MILLER, DAVID L
3127 W HALLANDALE BEACH BLVD
110
PEMBROKE PARK, FL 33009 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: DAVID L. MILLER

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, DAVID L
Address: 9195 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: S (X) Delete
Name: MILLER, DAVID L
Address: 9195 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: MILLER, DAVID L
Address: 3127 W HALLANDALE BEACH BLVD
City-St-Zip: PEMBROKE PARK, FL 33009

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 Section 119.07(3)(i), 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: DAVID L. MILLER

MR

04/29/2005

Electronic Signature of Signing Officer or Director

Date