2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# P00000018178

Entity Name: 24/7 TOTAL MEDICAL CARE, P.A.

Current Principal Place of Business:

18223 PINES BLVD.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

17870 NW 2ND STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

18223 PINES BLVD.
PEMBROKE PINES, FL 33029

New Mailing Address:

17870 NW 2ND STREET
PEMBROKE PINES, FL 33029 US

FEI Number: 65-1035116 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATINO, CARLOS MD
18223 PINES BLVD.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

VERGARA, CLAUDIA
17870 NW 2ND STREET
PEMBROKE PINES, FL 33029 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: CLAUDIA VERGARA 03/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: PATINO, CARLOS M.D.
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: PATINO, CARLOS M.D.
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

Title: M (X) Delete
Name: VERGARA, CLAUDIA
Address: 13051 NW 1 ST AP 207
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: VERGARA, CLAUDIA
Address: 5431 S.W. 185 TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

Title: D (X) Change ( ) Addition
Name: PATINO, CARLOS M.D.
Address: 5431 S.W. 185 TERRACE
City-St-Zip: MIRAMAR, FL 33029 US

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: CLAUDIA VERGARA P 03/21/2005
Electronic Signature of Signing Officer or Director Date