

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045293

FILED
Mar 09, 2005
Secretary of State

Entity Name: PREMIUM CARE DOCTORS CORP.

Current Principal Place of Business:

1816 E 4TH AVENUE
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1816 E 4TH AVENUE
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-1005374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, RAMON
782 NW 42ND AVE
STE 447
MIAMI, FL 33026 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GALGUERA, MANUEL A
Address: 1816 EAST 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: TD () Delete
Name: DEL SOL, JUAN C
Address: 1816 EAST 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

Title: P () Delete
Name: DELGADO, JUAN
Address: 1815 E 4 AVE.
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALGUERA, MANUEL A
Address: 1816 EAST 4TH AVENUE
City-St-Zip: HIALEAH, FL 33010

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

Title: SD (X) Change () Addition
Name: DELGADO, JUAN
Address: 1815 E 4 AVE.
City-St-Zip: HIALEAH, FL 33010

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: MANUEL A GALGUERA

P

03/09/2005

Electronic Signature of Signing Officer or Director

Date