

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051456

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: PHYSICIANS HEALTH CARE INC.

## Current Principal Place of Business:

1050 S.E. MONTEREY ROAD  
202  
STUART, FL 34994

## New Principal Place of Business:

1050 S.E. MONTEREY ROAD  
101  
STUART, FL 34994

## Current Mailing Address:

1050 S.E. MONTEREY ROAD  
202  
STUART, FL 34994

## New Mailing Address:

1050 S.E. MONTEREY ROAD  
101  
STUART, FL 34994

FEI Number: 65-1011590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIOTT, PAUL  
1050 S.E. MONTEREY ROAD  
202  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

ELLIOTT, PAUL  
1050 S.E. MONTEREY ROAD  
101  
STUART, FL 34994 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: PAUL ELLIOTT

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELLIOTT, PAUL  
Address: 1050 S.E. MONTEREY ROAD, 202  
City-St-Zip: STUART, FL 34994

Title: S (X) Delete  
Name: ELLIOTT, SUZANN  
Address: 1050 S.E. MONTEREY ROAD, 202  
City-St-Zip: STUART, FL 34994

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ELLIOTT, PAUL  
Address: 1050 S.E. MONTEREY ROAD, 101  
City-St-Zip: STUART, FL 34994

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: PAUL ELLIOTT

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date