


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 012 ***150.00

DOCUMENT # P00000081673 1. Entity Name PHYSICIANS FIRST MEDICAL, INC.	
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Principal Place of Business 5600 S.W. 135TH AVENUE SUITE 201 MIAMI, FL 33183	Mailing Address 5600 S.W. 135TH AVENUE SUITE 201 MIAMI, FL 33183
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50036939



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1036062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent QUIROGA, GINA 5600 S.W. 135TH AVENUE SUITE 201 MIAMI, FL 33183
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUIROGA, GINA 5600 S.W. 135TH AVENUE, STE 201 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOAIZA, FABIAN 5600 S.W. 135TH AVENUE, STE 201 MIAMI, FL 33183
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:  **3-22-05**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #