2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2011
Secretary of State

DOCUMENT# P00000088272

Entity Name: PROFESSIONAL HEALTH CENTER CORP.

Current Principal Place of Business:

5600 SW 135TH AVE
SUITE 201
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

5600 SW 135TH AVE
SUITE 201
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-1040278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, ANGIE L
5600 SW 135TH AVE
SUITE 201
MIAMI, FL 33183 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: SANCHEZ, ANGIE L
Address: 5600 SW 135TH AVE
City-St-Zip: MIAMI, FL 33183

Title: VPTD
Name: MAHFOUD-SANCHEZ, MARIA S
Address: 5600 SW 135TH AVE
City-St-Zip: MIAMI, FL 33183

Title: PSD
Name: SANCHEZ, ANGIE
Address: PLEASE SELECT...
City-St-Zip: MIAMI, FL 33183

Title: PSD
Name: SANCHEZ, ANGIE
Address: PLEASE SELECT...
City-St-Zip: MIAMI, FL 33183

Title: PSD
Name: SANCHEZ, ANGIE
Address: PLEASE SELECT...
City-St-Zip: MIAMI, FL 33183

Title: PSD
Name: SANCHEZ, ANGIE
Address: PLEASE SELECT...
City-St-Zip: MIAMI, FL 33183

I hereby 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 all other like empowered.

SIGNATURE: ANGIE SANCHEZ MS. 02/26/2011

Electronic Signature of Signing Officer or Director — Date