

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 06, 2005 8:00 am
Secretary of State**

04-05-2005 90050 021 ***100.00
05-06-2005 90086 017 *****58.75

DOCUMENT # P00000088422

1. Entity Name
PCM MEDICAL CENTER, INC.



Principal Place of Business
731 EAST 9TH STREET
HIALEAH, FL 33010

Mailing Address
731 EAST 9TH STREET
HIALEAH, FL 33010

40083384



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICARDO, OSVALDO
19473 NW 61ST AVENUE
MIAMI, FL 33010

**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 title 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
PSD
RICARDO, OSVALDO
19473 NW 61ST AVENUE
MIAMI, FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3/28/05

Date

*(305)
863-2067*

Daytime Phone #

OSVALDO RICARDO