## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Mar 18, 2005 08:00 A			
DOCUMENT # P00000093711					Sec	retary	of State
1. Entity Nam A CARING	Ğ PHYSICIAN HOUSE CALI	L SERVICE, INC.					
Principal Place	e of Business	Mailing Address	<u> </u>	<del> </del>			
2621 EXUMA	RD. BEACH, FL 33406	2621 EXUMA RD. WEST PALM BEACH, FL 33406	6	ĺ			
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		And the same of th		5. Certificate	of Status Desired		Required
	6. Name and Address of Current F	egistered Agent		<u>حدي</u> ، رسه مابر <u>نوي</u> س.	<u> </u>		•
POMERANZ, ESQ., MARK L 12955 BISCAYNE BLVD., #202				DO	<b>NOT W</b>	RITE	,
N. MIAMI, F	FL 33181		ļ	IN 7	THIS SP	ACE	
			Market Market 17 and	er – sak – valda inter transfer til tilgt	THE STATE OF THE S		
	named entity submits this statement for one of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am famil	iar with, and accept
SIGNATURE_			<u> </u>		- · · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered agent ar	d trie if applicable. (NOTE: Hegistere	d Agent sig reture required	when reinstating,! _	· :	DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS	ł				
NAME	POMERANZ, D.O., HOLLY W	-			100000020	68844	
	2621 EXUMA RD. WEST PALM BEACH, FL 33406				03/18/05-8i	0057-023	150.00
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NAME			ł				
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TITLE NAME							
STREET ADDRESS							
VIII - 31 - 445							

12. Hereby certify that the information supplied with this filling 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 Ghapter 607, 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:

HOLLY WE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

201396

Daytime Phone #