

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000041234

1. Entity Name
PROCARE HEALTH CENTER, INC.



Principal Place of Business
100 NW 170TH STREET
SUITE 405
NORTH MIAMI BEACH, FL 33169

Mailing Address
100 NW 170TH STREET
SUITE 405
NORTH MIAMI BEACH, FL 33169



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0877532

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUBETSKY, RONALD S
19728 E COUNTRY CLUB DRIVE
AVENTURA, FL 33180

**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 Ronald S. Lubetsky

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

~~U00000076330 P.H~~
~~03/04/04 80023-025-61.25~~

10. OFFICERS AND DIRECTORS.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUBETSKY, RONALD S
19728 E COUNTRY CLUB DR
AVENTURA, FL 33180

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03/04/04-80023-025 150.00

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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 all other like empowered.

SIGNATURE: Ronald S. Lubetsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 (305) 654-5440

Date

Daytime Phone #