

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041234

Entity Name: PROCARE HEALTH CENTER, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

700 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

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

New Mailing Address:

700 IVES DAIRY ROAD
NORTH MIAMI BEACH, FL 33179

FEI Number: 71-0877532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBETSKY, RONALD S
3131 NE 210 TERRACE
AVENTURA, FL 33180 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUBETSKY, RONALD S
Address: 3131 NE 210 TERRACE
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD S. LUBETSKY

PD

04/22/2008

Electronic Signature of Signing Officer or Director

Date