

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-26-2004 90005 039 \*\*\*758.75

**DOCUMENT # P02000086013**

1. Entity Name

PROFESSIONAL CARE ASSOCIATES, INC.



Principal Place of Business

2115 SW 8 ST  
MIAMI FL 33135

Mailing Address

2115 SW 8 ST  
MIAMI FL 33135

**54070112**



MOORE

CR2E034 (4/04)

2. Principal Place of Business

10 NW 42 AVE

3. Mailing Address

10 NW 42 AVE

Suite, Apt. #, etc.

230

Suite, Apt. #, etc.

230

City & State

Miami FL

City & State

Miami FL

4. FEI Number

41-2061676

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES, SIMONA  
2115 SW 8 ST  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10 NW 42 AVE. #230

City

Miami

FL

Zip Code

33126

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

*Simon James*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/04

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	JAMES, SIMONA	
STREET ADDRESS	3960 SW 195 TERR	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARIN, PATRICIA	
STREET ADDRESS	10105 E CALUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Simon James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/04/04