## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000086013

Entity Name: PROFESSIONAL CARE ASSOCIATES, INC.

**FILED** Apr 28, 2010 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

10 NW 42 AVE 10 NW 42 AVE 305

210

MIAMI, FL 33126 MIAMI, FL 33126

**Current Mailing Address: New Mailing Address:** 

10 NW 42 AVE 10 NW 42 AVE

305

MIAMI, FL 33126 MIAMI, FL 33126

FEI Number: 41-2061676 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMES, SIMONA JAMES, SIMONA 10 NW 42 AVE #210 10 NW 42 AVE #305 MIAMI, FL 33126 MIAMI, FL 33126

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.

04/28/2010 SIGNATURE: SIMONA JAMES

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

JAMES, SIMONA Name: 3960 SW 195 TERR Address: City-St-Zip: MIRAMAR, FL 33029

Title: ٧S

Name: MARIN, PATRICIA Address: 10105 E CALUSA CLUB DR

MIAMI, FL 33186 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: SIMONA JAMES **PRES** 04/28/2010