

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086013

FILED
Apr 26, 2011
Secretary of State

Entity Name: PROFESSIONAL CARE ASSOCIATES, INC.

Current Principal Place of Business:

10 NW 42 AVE
305
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

10 NW 42 AVE
305
MIAMI, FL 33126

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

Title: VS
Name: MARIN, PATRICIA
Address: 10105 E CALUSA CLUB DR
City-St-Zip: MIAMI, FL 33186

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

PRE

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date