

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087830

Entity Name: PHYSICIANS CARE PLUS, INC.

FILED  
Jan 17, 2006  
Secretary of State

## Current Principal Place of Business:

2061 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431 US

## Current Mailing Address:

2061 NW 2ND AVENUE  
201  
BOCA RATON, FL 33431

## New Principal Place of Business:

9750 NW 33RD STREET  
216  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

7800 W OAKLAND PARK BLVD.  
E-214  
SUNRISE, FL 33351 US

FEI Number: 01-0740556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J  
250 SW 15TH AVENUE  
BOCA RATON, FL 33486 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: P ( ) Delete  
Name: DI CAPUA, JOESPH J  
Address: 2061 NW 2ND AVENUE, STE 201  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: SMETS, MICHAEL A  
Address: 2061 NW 2ND AVENUE, STE 201  
City-St-Zip: BOCA RATON, FL 33431 US

Title: SEC ( ) Delete  
Name: GONZALEZ, MANUEL M.D.  
Address: 2061 NW 2ND AVENUE, STE 201  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DI CAPUA, JOESPH J  
Address: 7800 W OAKLAND PARK BLVD., E-214  
City-St-Zip: SUNRISE, FL 33351 US

Title: VP (X) Change ( ) Addition  
Name: SMETS, MICHAEL A  
Address: 7800 W OAKLAND PARK BLVD., E-214  
City-St-Zip: SUNRISE, FL 33351 US

Title: SEC (X) Change ( ) Addition  
Name: GONZALEZ, MANUEL M.D.  
Address: 7800 W OAKLAND PARK BLVD., E-214  
City-St-Zip: SUNRISE, FL 33351 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH J. DI CAPUA

P

01/17/2006

Electronic Signature of Signing Officer or Director

Date