

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113912

FILED
Jan 30, 2007
Secretary of State

Entity Name: PRIMARY CARE NETWORK MANAGEMENT, INC.

Current Principal Place of Business:

995 N. MIAMI BEACH BLVD., STE #100
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

995 N. MIAMI BEACH BLVD., STE #100
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 47-0893288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO V
2200 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GONZALEZ, WILFREDO V
995 N. MIAMI BEACH BLVD., STE. #100
NORTH MIAMI BEACH, FL 33134 US

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:

01/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/T () Delete
Name: GONZALEZ, WILFREDO V
Address: 2200 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

Title: DPC () Delete
Name: MOLINA, RODOLFO M.D.
Address: 4055 VENTURA AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D/S () Delete
Name: BRAVO, OCTAVIO A
Address: 11782 SW 92 TERR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILFREDO GONZALEZ

D/T

01/30/2007

Electronic Signature of Signing Officer or Director

Date