2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

02-09-2004 90042 007 ***150.00

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1. Entity Name
PHYSICIANS HEALTH MED-CARE, INC.

Principal Place of Business	Mailing Address
140-142 N.E. 1ST AVE. HALLANDALE, FL 33009	140-142 N.E. 1ST AVE. HALLANDALE, FL 33009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

~~01132004 Chg-P~~ CR2E034 (10/03)

4. FEI Number 36-0059466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, RONALD E [redacted]	Name Street Address (P.O. Box Number is Not Acceptable) 140-142 NE 1ST AVE City HALLANDALE FL Zip Code 33009

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 X [signature] DATE 1/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRIS, RONALD E ~~8150 SW 8 ST, STE 113~~ ~~MIAMI, FL 33144~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	140-142 NE 1ST AVE HALLANDALE, FL 33009	☑ Change ☐ Addition
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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: X [signature] 1/13/04 954-455-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #