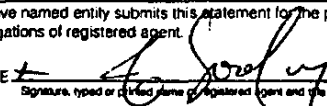
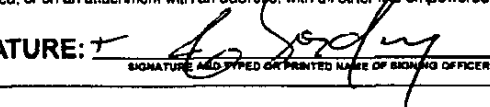


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 20, 2006 8:00 am
Secretary of State

06-16-2006 90104 023 ***150.00
07-20-2006 90001 029 ***400.00

DOCUMENT # P03000025878					
1. Entity Name PREMIUM CARE MEDICAL, INC.					
Principal Place of Business 12565 ORANGE DRIVE SUITE 405 DAVIE, FL 33330 US			Mailing Address 12565 ORANGE DRIVE SUITE 405 DAVIE, FL 33330 US		
2. Principal Place of Business 12535 Orange Drive Suite, Apt. #, etc. # 612 City & State Davie, Florida Zip 33330 Country US		3. Mailing Address 12535 Orange Drive Suite, Apt. #, etc. # 612 City & State Davie, Florida Zip 33330 Country US			
4. FEI Number 91-2185213 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SARDUY, JAVIER F 12565 ORANGE DRIVE SUITE 405 DAVIE, FL 33330			7. Name and Address of New Registered Agent Name Sarduy, Javier F. Street Address (P.O. Box Number is Not Acceptable) 12535 Orange Drive # 612 City Davie FL Zip Code 33330		
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  DATE 4-5-06 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, 2006 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 SARDUY, JAVIER F 12565 ORANGE DRIVE, SUITE 405 DAVIE, FL 33330 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 12535 Orange Drive #612 Davie, FL 33330	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 full empowered.					
SIGNATURE:  DATE 4-5-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					