2006 FOR PROFIT CORPORATION ANNUAL REPORT

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	Mailing Address
12565 ORANGE DRIVE SUITE 405 DAVIE, FL 33330 US	12565 ORANGE DRIVE SUITE 405 DAVIE, FL 33330 US

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
12535 Orange Drive		12535 Orange Drive	
Suite, Apt. #, etc.: #612		Suite, Apt. #, etc.: #612	
City & State: Davie, Florida		City & State: Davie, Florida	
Zip: 33330	Country: US	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: [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	12535 Orange Drive #612 Davie, FL 33330	☒ 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 like empowered.

SIGNATURE: [signature] 4-5-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #