2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# P03000089512

Entity Name: PREMIER CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

8080 WEST FLAGLER STREET
3B
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

4240 S.W. 156 PLACE
MIAMI, FL 33185 US

New Mailing Address:

FEI Number: 20-0154810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDEZ, OSCAR D
15521 SW 8TH LANE
MIAMI, FL 33194 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: VS ( ) Delete
Name: MENDEZ, OSCAR
Address: 15521 SW 8 LANE
City-St-Zip: MIAMI, FL 33194 US

Title: P ( ) Delete
Name: PEREZ, RAMON E
Address: 4240 S.W. 156 PLACE
City-St-Zip: MIAMI, FL 33185 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAMON PEREZ P 01/13/2006

Electronic Signature of Signing Officer or Director Date