2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# P03000113434

Entity Name: PRIME CARE PULMONARY SERVICES, INC.

Current Principal Place of Business:

12790 NE 5TH AVE
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

12790 NE 5TH AVE
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 04-3777487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACQUES, JEAN
12790 NE 5TH AVE
NORTH MIAMI, FL 33161

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACQUES, JEAN
Address: 12790 NE 5TH AVE
City-St-Zip: NORTH MIAMI, FL 33161

Title: V ( ) Delete
Name: GEDEON, JACQUILOT
Address: 1390 NE 145TH ST
City-St-Zip: MIAMI, FL 33161

Title: T ( ) Delete
Name: ALFRED, SONY
Address: 1021 NE 159TH AVE
City-St-Zip: N.M.B., FL 33162

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 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 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: JACQUES JEAN P 07/12/2004

Electronic Signature of Signing Officer or Director Date