2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005
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 US

Name and Address of New Registered Agent:

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

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: JEAN JACQUES 03/07/2005
Electronic Signature of Registered Agent Date

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

Title: V (X) Change ( ) Addition
Name: GEDEON, JACQUILOT
Address: 570 NE 164 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: ALFRED SONY T 03/07/2005
Electronic Signature of Signing Officer or Director Date