

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134613

FILED
Apr 29, 2005
Secretary of State

Entity Name: PREFERRED MEDICAL CENTERS, INC.

Current Principal Place of Business:

1900 NW CORPORATE BLVD STE 300 W
BOBA RATON, FL 33431

New Principal Place of Business:

2295 NW CORPORATE BLVD
#140
BOBA RATON, FL 33431

Current Mailing Address:

2295 NW CORPORATE BLVD.
#140
BOBA RATON, FL 33431

New Mailing Address:

FEI Number: 36-4545066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES L ESQ.
370 W CAMINO GARDENS BLVD STE 210
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

PRUDEN, JAMES L ESQ.
980 N FEDERAL HWY
#404
BOCA RATON, FL 33432 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: _____

Electronic Signature of Registered Agent

04/29/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, GARY
Address: 2295 NW CORPORATE BLVD., #140
City-St-Zip: BOBA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GARY BROWN

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date