

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025943

FILED
Mar 29, 2006
Secretary of State

Entity Name: PHYSICIANS CARE NETWORK INC

Current Principal Place of Business:

5600 SW 135 AVE #103
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

5600 SW 135 AVE #103
MIAMI, FL 33183

New Mailing Address:

FEI Number: 20-0716440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, JANET
5600 SW 135 AVE #103
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

LOPEZ, JOSE C
5600 SW 135 AVE #103
MIAMI, FL 33183 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: JOSE C. LOPEZ

03/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOPEZ, JANET
Address: 5600 SW 135 AVE #103
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOPEZ, JOSE C
Address: 5600 SW 135 AVE #103
City-St-Zip: MIAMI, FL 33183

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: JOSE C. LOPEZ

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date