

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139165

Entity Name: P.J.C. HEALTHCARE, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

2801 S.W. 71ST TERRACE, #1002
DAVIE, FL 33314

New Principal Place of Business:

353 WHISPER RIDGE DR
ST. AUGUSTINE, FL 32092

Current Mailing Address:

2801 S.W. 71ST TERRACE, #1002
DAVIE, FL 33314

New Mailing Address:

353 WHISPER RIDGE DR
ST. AUGUSTINE, FL 32092

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PESTSKY, WALTER S
1031 NORTH MIAMI BEACH BLVD.
NORTH MIAMI BEACH, FL 33162 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

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: D () Delete
Name: CUMELLO, PAUL J
Address: 2801 S.W. 71ST TERRACE, #1002
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUMELLO, PAUL J
Address: 353 WHISPER RIDGE DR
City-St-Zip: ST. AUGUSTINE, FL 32092

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: PAUL J CUMELLO

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date