2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015350

Entity Name: PATIENT CARE ADVOCATES, INC.

FILED Apr 18, 2006 Secretary of State

Current P	rincipal Place o	of Business:	New Princip	New Principal Place of Business:		
SUITE 273	TE ROAD 436 PARK, FL 32789) US	1890 STATE SUITE 273 WINTER PA	E ROAD 436 ARK, FL 32792	US	
Current M	lailing Address	:	New Mailing	g Address:		
SUITE 273 WINTER F	TE ROAD 436 PARK, FL 32789 : 20-2240635	OUS FEI Number Applied For ()	1890 STATE SUITE 273 WINTER PA FEI Number Not Applic	ARK, FL 32792	US entificate of Status Desir	ed (X)
Name and	l Address of Cu	ırrent Registered Agent:	Name and A	Name and Address of New Registered Agent:		
1150 LOUI SUITE 4 WINTER F The above	RFORD, WILLIA ISIANA AVENUE PARK, FL 32789 Inamed entity sue of Florida.		purpose of changing its	registered office	e or registered agent	, or both,
SIGNATUR						
	Electronic	Signature of Registered A	gent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E BAILEY, DAWN 1723 CARILLON OVIEDO, FL 327		Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	VP () [PRICEMAN, GER 9032 GR. HEROI ORLANDO, FL 3	N CIRCLE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	

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: DAWN BAILEY	Р	04/18/2006
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