2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007
Secretary of State

DOCUMENT# P05000015350

Entity Name: PATIENT CARE ADVOCATES, INC.

Current Principal Place of Business:

1890 STATE ROAD 436
SUITE 273
WINTER PARK, FL 32792 US

New Principal Place of Business:

1890 STATE ROAD 436
SUITE 295
WINTER PARK, FL 32792 US

Current Mailing Address:

1890 STATE ROAD 436
SUITE 273
WINTER PARK, FL 32792 US

New Mailing Address:

1890 STATE ROAD 436
SUITE 295
WINTER PARK, FL 32792 US

FEI Number: 20-2240635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE
SUITE 4
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DAWN, BAILEY
1890 SR 436
SUITE 295
WINTER PARK, FL 32792 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: DAWN BAILEY 04/20/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAILEY, DAWN
Address: 1723 CARILLON PARK DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: VP ( ) Delete
Name: PRICEMAN, GERALD M.D.
Address: 9032 GR. HERON CIRCLE
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAILEY, DAWN
Address: 2036 SULTAN CIRCLE
City-St-Zip: CHULUOTA, FL 32766 US

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 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 P 04/20/2007
Electronic Signature of Signing Officer or Director Date