## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000039406

CALANA, YUDELKIS

MIAMI, FL 33172

175 FONTAINEBLEAU BLVD. 1G8

Name:

Address: City-St-Zip:

Entity Name: PATIENT CARE OF MIAMI, INC.

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 175 FONTAINEBLEAU BLVD. SUITE 1G8 MIAMI, FL 33172 **Current Mailing Address: New Mailing Address:** 175 FONTAINEBLEAU BLVD. SUITE 1G8 MIAMI, FL 33172 FEI Number: 20-2510459 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GANUZA, DIEGO J 175 FONTAINEBLEAU BLVD. SUITE 1G8 MIAMI, FL 33172 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MENENDEZ, MERCEDES Name: Name: 175 FONTAINEBLEAU BLVD. 1G8 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CANTERO, YAMILET Name: 175 FONTAINEBLEAU BLVD. 1G8 Address: Address: MIAMI, FL 33172 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MERCEDES MENENDEZ PD 04/27/2007