

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000065877

FILED
Oct 03, 2007
Secretary of State

Entity Name: PHYSICIAN MED-CARE PROVIDERS,CORP

Current Principal Place of Business:

6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

New Principal Place of Business:

Current Mailing Address:

6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

New Mailing Address:

FEI Number: 20-2784644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ANA M
6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ROBERTSON, GARY A
6175 NW 153 STREET
301
MIAMI LAKES, FL 33014 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: GARY A. ROBERTSON

10/03/2007

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: P,VP () Delete
Name: ALVAREZ, ANA M
Address: 6175 NW 153 STREET
City-St-Zip: 301, FL 33014 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,VP (X) Change () Addition
Name: ROBERTSON, GARY A
Address: 6175 NW 153 STREET
City-St-Zip: 301, FL 33014 US

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.

SIGNATURE: GARY A ROBERTSON

P,VP

10/03/2007

Electronic Signature of Signing Officer or Director

Date