


**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90013 050 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000120572</b>			
1. Entity Name <b>PREMIER CARE PROFESSIONALS, INC.</b>			
Principal Place of Business <b>6955 LACY DRIVE LAKELAND, FL 33813</b>		Mailing Address <b>6955 LACY DRIVE LAKELAND, FL 33813</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03122007    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>20-3393017</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEREZ, RICARDO E 6955 LACY DRIVE LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, RICARDO E 6955 LACY DRIVE LAKELAND, FL 33813		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEREZ, ROSA R 6955 LACY DR LAKELAND, FL 33810		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>		Date <b>4/13/07</b> Daytime Phone # <b>(863) 533-1100</b>	