2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000120885

1. Entity Name
PATIENT CARE MART INC.

Principal Place of Business	Mailing Address
6003 NW 201 TERRACE MIAMI LAKES, FL 33015	6003 NW 201 TERRACE MIAMI LAKES, FL 33015

DO NOT WRITE IN THIS SPACE

04262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
52-2392070	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, ALMA T RN
6003 NW 201 TERRACE
MIAMI LAKES, FL 33015

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DPV
NAME	KNIGHT, ALMA T
STREET ADDRESS	6003 NW 201 TERRACE
CITY-ST-ZIP	MIAMI LAKES, FL 33015

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000938253
05/27/08=80082-019 158.75

DO NOT WRITE IN THIS SPACE

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: _Alma T. Knight RN (D)_   26 April 2008, (305)624-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #