

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90041 009 ***150.00

DOCUMENT # P06000010864

1. Entity Name

PROFESSIONAL HEALTH CARE CENTER, INC.



Principal Place of Business

7821 CORAL WAY, SUITE 127
MIAMI FL 33155

Mailing Address

7821 CORAL WAY, SUITE 127
MIAMI FL 33155



2. Principal Place of Business - No P.O. Box #

7821 CORAL WAY,
Suite, Apt. #, etc.
130

3. Mailing Address

7821 CORAL WAY,
Suite, Apt. #, etc.
130

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

20-4192953

Applied For

Not Applicable

Zip

33155

Country

MIAM

Zip

33155

Country

US 4

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACHIONG, YADENIS
7821 CORAL WAY, SUITE 127
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
ACHIONG, YADENIS
Street Address (P.O. Box Number is Not Acceptable)
7821 CORAL WAY, SUITE 130
City
MIAMI, FL Zip Code
33155

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 X

Signature of registered agent and title (if applicable)

YADENIS ACHIONG - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

02/08/07
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PD
ACHIONG, YADENIS
STREET ADDRESS
7821 CORAL WAY, SUITE 127
CITY - ST - ZIP
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

YADENIS ACHIONG - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/07 (305) 403-0380
Date Daytime Phone *