


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90004 009 \*\*\*158.75

<b>DOCUMENT # P06000017322</b>					
<b>1. Entity Name</b> PROVISION HEALTH CARE MANAGEMENT GROUP, INC.					
<b>Principal Place of Business</b> 7321 SW 82 ST APT 8 MIAMI, FL 33143			<b>Mailing Address</b> 7321 SW 82 ST APT 8 MIAMI, FL 33143		
<b>2. Principal Place of Business - No P.O. Box #</b> 7903 Seminole Blvd Suite, Apt. #, etc. Unit 2101 City & State Seminole FL Zip 33772 Country USA		<b>3. Mailing Address</b> 7903 Seminole Blvd Suite, Apt. #, etc. Unit 2101 City & State Seminole FL Zip 33772 Country USA			
<b>4. FEI Number</b> 06-1768633				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b> ALJOE, GARY-S 99 N.W. 183RD STREET 126 MIAMI, FL 33169			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMONIOUS, KATRINA 7321 S.W. 82ND STREET, APT. # 8 MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHERICE LOUIS 7903 Seminole Boulevard, Unit 2101 Seminole FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAULINE THOMAS 7903 Seminole Blvd, Unit 2101 Seminole FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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.</b>					
<b>SIGNATURE:</b> <u>Cherice Louis - VICE PRES.</u>			Date <u>09-12-2007</u> (205) Daytime Phone # <u>747-3200</u>		