

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017322

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** PROVISION HEALTH CARE MANAGEMENT GROUP, INC.

**Current Principal Place of Business:**

6800 BIRD RD  
286  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

6800 BIRD RD  
286  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 06-1768633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALJOE, GARY S  
99 N.W. 183RD STREET  
126  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

ALJOE, GARY S  
19501 NE 10TH AVENUE  
303  
MIAMI, FL 33179 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 ALJOE

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CHAMORRO, EMILIANO  
Address: 15747 SW 147TH STREET  
City-St-Zip: MIAMI, FL 33196

Title: SECR  
Name: LEMONIOUS, KATRINA  
Address: 8287 SW 128 STREET, SUITE # 112  
City-St-Zip: MIAMI, FL 33156

Title: DIR  
Name: LOUIS, NICOLE  
Address: 6800 BIRD RD #286  
City-St-Zip: MIAMI, FL 33155 US

I hereby 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 all other like empowered.

SIGNATURE: NICOLE LOUIS

DIR

04/27/2012

Electronic Signature of Signing Officer or Director

Date