

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035185

FILED  
Mar 03, 2007  
Secretary of State

Entity Name: PROFESSIONAL CARE SERVICES BY M.M.LG, INC.

## Current Principal Place of Business:

7226 VELVET OAKS CT  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

7226 VELVET OAKS CT  
JACKSONVILLE, FL 32277

## New Mailing Address:

FEI Number: 43-2105998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUTLER, BETTIE  
1026 VICTORY LAKE DR.  
JACKSONVILLE, FL 32209 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUTLER, BETTIE  
Address: 1026 VICTORY LAKE DR.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VS ( ) Delete  
Name: HAYWARD, SHIRLEY  
Address: 2217 WEST 2ND STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: GIBBS, MARTHA  
Address: 7226 VELVET OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32277

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V.P. (X) Change ( ) Addition  
Name: HAYWARD, SHIRLEY  
Address: 2217 WEST 2ND STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T (X) Change ( ) Addition  
Name: GIBBS, T-ASIA A  
Address: 7226 VELVET OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32277

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTIE BUTLER

PRES

03/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date