2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000150853

Entity Name: P.C. HEALTH NETWORK, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Busines

6355 NW 36TH STREET SUITE 503 6355 NW 36TH STREET SUITE 500 MIAMI, FL 33166

MIAMI, FL 33166

IGLESIAS, MANUEL E ESQ

Current Mailing Address: New Mailing Address:

6355 NW 36TH STREET SUITE 503 6355 NW 36TH STREET SUITE 500

MIAMI, FL 33166 MIAMI, FL 33166

FEI Number: 51-0625236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

IGLESIAS, MANUEL E ESQ 6355 NW 36TH STREET SUITE 503

6355 NW 36TH STREET SUITE 500 US

MIAMI, FL 33166 MIAMI, FL 33166

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: MANUEL E. IGLESIAS 04/23/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition FERNANDEZ, EDDY FERNANDEZ, EDDY F PR Name: Name: Address: Address:

6355 NW 36TH STREET SUITE 503 6426 COLLINS AVE APT 1008 City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: () Change (X) Addition Name: Name: CARRASQUILLO, CARLOS R VICE PR

6355 NW 36TH STREET, SUITE 500 Address: Address: VIRGINIA GARDENS, FL 33166 US City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

Name: IGLESIAS, MANUEL Name:

6355 NW 36TH STREET, SUITE 500 Address: Address: City-St-Zip: City-St-Zip: VIRGINIA GARDENS, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: EDDY F. FERNANDEZ **PRES** 04/23/2008