

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103360

FILED
May 17, 2008
Secretary of State

Entity Name: PHYSICIANS CARE GROUP HEALTH CHOICE, INC.

Current Principal Place of Business:

11401 SW 40TH STREET, STE 201
MIAMI, FL 33165

New Principal Place of Business:

3520 W. 18 AVE.
115
HIALEAH, FL 33012

Current Mailing Address:

11401 SW 40TH STREET, STE 201
MIAMI, FL 33165

New Mailing Address:

3520 W. 18 AVE.
115
HIALEAH, FL 33012

FEI Number: 26-1097707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OTERO, TERESITA
PROFESSIONAL BUSINESS ADVISORS II INC
11401 SW 40TH ST, STE 201
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

ZAMORA, ENRIQUE
3520 W. 18 AVE.
115
HIALEAH, FL 33012 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: ENRIQUE ZAMORA

05/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZAMORA, ENRIQUE
Address: 11401 SW 40TH STREET, STE 201
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZAMORA, ENRIQUE
Address: 3520 W. 18 AVE # 115
City-St-Zip: HIALEAH, FL 33012

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: ENRIQUE ZAMORA

PD

05/17/2008

Electronic Signature of Signing Officer or Director

Date