


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

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| DOCUMENT # P07531 1. Entity Name PRIVATE MEDICAL-CARE, INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 12898 TOWNE CENTER DR. ATTN: JAMES CARNEY <i>David McCauley</i> CERRITOS, CA 90703 US | | | | Mailing Address 12898 TOWNE CENTER DR. ATTN: JAMES CARNEY <i>David McCauley</i> CERRITOS, CA 90703 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State | | | | City & State | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip | | Country | | Zip | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | Country | | 4. FEI Number 95-2641865 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ELLIOTT, ROBERT B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12898 TOWNE CTR DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CERRITOS, CA</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ELLIOTT, ROBERT B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12898 TOWNE CENTER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CERRITOS, CA 90703</td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | D | <input type="checkbox"/> Delete | NAME | ELLIOTT, ROBERT B. | | STREET ADDRESS | 12898 TOWNE CTR DR | | CITY-ST-ZIP | CERRITOS, CA | | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | ELLIOTT, ROBERT B. | | STREET ADDRESS | 12898 TOWNE CENTER DRIVE | | CITY-ST-ZIP | CERRITOS, CA 90703 | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 time empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: _____ <i>8-25-05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |