

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001977

FILED
Mar 06, 2009
Secretary of State

Entity Name: PHYSICIAN'S CARE PARTNERS, INC.

Current Principal Place of Business:

3358 W SOUTH PORT ROAD
UNIT 5
KISSIMMEE, FL 34746

New Principal Place of Business:

3358 W SOUTH PORT ROAD
KISSIMMEE, FL 34746

Current Mailing Address:

3358 W SOUTH PORT ROAD
UNIT 5
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MILDREY
3358 W SOUTH PORT ROAD
UNIT 5
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

TAMAYO, RAUL A
3358 W SOUTH PORT ROAD
KISSIMMEE, FL 34746 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: RAUL A. TAMAYO

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, MILDREY
Address: 3358 W SOUTH PORT ROAD, UNIT 5
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TAMAYO, RAUL A
Address: 3358 W SOUTH PORT ROAD
City-St-Zip: KISSIMMEE, FL 34746

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: RAUL A. TAMAYO

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03/06/2009

Electronic Signature of Signing Officer or Director

Date