

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000013700

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** PROFESSIONAL-MED CARE SERVICES, CORP.

**Current Principal Place of Business:**

10300 SUNSET DRIVE, SUITE 261-B  
MIAMI, FL 33173

**New Principal Place of Business:**

10691 SW 88TH STREET  
312  
MIAMI, FL 33176

**Current Mailing Address:**

10300 SUNSET DRIVE, SUITE 261-B  
MIAMI, FL 33173

**New Mailing Address:**

10691 SW 88TH STREET  
312  
MIAMI, FL 33176

**FEI Number:** 26-2049181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEZAMA, JUAN C  
10300 SUNSET DRIVE, SUITE 261-B  
MIAMI, FL 33173 US

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

LEZAMA, JUAN C  
10691 SW 88TH STREET  
312  
MIAMI, FL 33176 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:

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: LEZAMA, JUAN C  
Address: 10691 SW 88TH STREET # 312  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: JUAN C LEZAMA

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date