2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# P93000007813

Entity Name: PACER HEALTH CORPORATION

Current Principal Place of Business:

7759 N.W. 146 STREET
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7759 N.W. 146 STREET
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 11-3144463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JURADO, ALFREDO
1001 EAST SAMPLE ROAD
SUITE 9E
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PSD	( ) Delete
Name:	GONZALEZ, RAINIER	
Address:	7759 NW 16 STREET	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	D	( ) Delete
Name:	JURADO, ALFREDO	
Address:	1001 EAST SAMPLE ROAD, SUITE 9E	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Delete
Name:	PANTALEON, ERIC	
Address:	7761 NW 146 STREET	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	D	( ) Delete
Name:	MARCELO, LLORENTE	
Address:	13701 SW 88 STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	EUGENE, MARINI	
Address:	7759 NW 146 STREET	
City-St-Zip:	MIAMI LAKES, FL 33016	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: RAINIER GONZALEZ PD 04/16/2007

Electronic Signature of Signing Officer or Director — Date