FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009539 (6)

1. Corporation Name
PROFESSIONAL HEALTH CARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
12550 BISCAYNE BLVD. SUITE 224 N MIAMI FL 33181 US	12550 BISCAYNE BLVD. SUITE 224 N MIAMI FL 33181 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business [21] 18349 NE 4th Court	2a. Mailing Address [26] 18349 NE 4th Court
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23] North Miami Beach FL	City & State [28] North Miami Beach FL
Zip [24] 33179 Country [25] Dade	Zip [29] 33179 Country [30] Dade

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0387358 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWAN, WILLIAM
215 NW 143RD STREET
N MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PT	SWAN, WILLIAM S	215 NW 143 ST	MIAMI FL
VS	WORTHINGTON, VIVIENNE	819 CYPRESS TRAILS DR	TARPON SPRINGS FL
D	STERN, BARRY	215 NW 143RD ST	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Swan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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