

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000087966

FILED
Jul 23, 2004
Secretary of State

Entity Name: PRIME CARE HEALTH CENTER, INC.

Current Principal Place of Business:

7574 S.W. 77TH COURT
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 14-1416
CORAL GABLES, FL 331141416 US

New Mailing Address:

FEI Number: 65-0462922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CECILIO F
7574 SW 77 COURT
MIAMI, FL 33143

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: GONZALEZ, CECILIO F
Address: 7574 SW 77 COURT
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: GONZALEZ, CECILIO F
Address: 7574 SW 77 COURT
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CECILIO F.GONZALEZ

ST

07/23/2004

Electronic Signature of Signing Officer or Director

_____ Date