


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000034576		
1. Entity Name PHYSICIANS HEALTHCARE NETWORK INC.		
Principal Place of Business 4180 W 12TH AVE HIALEAH, FL 33012 US		Mailing Address PO BOX 14-4176 CORAL GABLES, FL 33114-4176 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent QUIRANTES, RAMON JR. 4180 WEST 12TH AVENUE HIALEAH, FL 33012		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIRANTES, RAMON JR. 4180 W 12 AV HIALEAH, FL 33012	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-25-06 Daytime Phone # (305) 888-2210



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0489157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/10/06-80094-022 150.00

**DO NOT WRITE
IN THIS SPACE**