

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000050224 (2)

1. Corporation Name

PROFESSIONAL MEDICAL CARE, INC.

Principal Place of Business

Mailing Address

~~800 PALM AVENUE~~
~~SUITE A~~
~~DALEAH FL 33010~~
~~US~~

~~800 PALM AVENUE~~
~~SUITE A~~
~~DALEAH FL 33010~~
~~US~~



2. Principal Place of Business
21 10910 W FLAGLER ST
Suite, Apt. #, etc.
22 104
City & State
23 MIAMI FL
Zip
24 33174
Country
25 USA
2a. Mailing Address
26 10910 W FLAGLER ST
Suite, Apt. #, etc.
27 104
City & State
28 MIAMI FL
Zip
29 33174
Country
30 USA

3. Date Incorporated or Qualified 07/07/1994
3a. Date of Last Report 07/06/1995
4. FEI Number 65-0502939
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

10. Name and Address of New Registered Agent

FORT, DANIEL
~~6756 N.W. 72ND AVE.~~
~~MIAMI FL 33166~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10910 W FLAGLER ST
83 STE 104
84 City MIAMI FL 85 Zip Code 33174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FORT, DANIEL
STREET ADDRESS ~~6756 N.W. 72ND AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33166~~

1.1 TITLE
12 NAME
13 STREET ADDRESS 10910 W FLAGLER ST #104
14 CITY-ST-ZIP MIAMI FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/19/1996

CR2E034 (12/95)