

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90055 024 ***150.00

DOCUMENT # P94000071295

1. Entity Name

PRIME CARE MEDICAL, INC.



Principal Place of Business

7888 WEST FLAGLER STREET
MIAMI FL 33144

Mailing Address

7888 WEST FLAGLER STREET
MIAMI FL 33144

2. Principal Place of Business

7872 West Flagler Street

3. Mailing Address

7872 West Flagler Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

Zip

33144

Country

4. FEI Number

65-0522868

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMONA, VICENTE
7888 WEST FLAGLER STREET
MIAMI FL 33144

Name

CARMONA, Vicente

Street Address (P.O. Box Number is Not Acceptable)

7872 West Flagler Street

City

MIAMI

FL

Zip Code

33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PVST	CARMONA, VINCENTE	7888 WEST FLAGLER STREET	MIAMI FL 33144	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
							7872 West Flagler St.	MIAMI, FL 33144		
D	CARMONA, VINCENTE	7888 WEST FLAGLER STREET	MIAMI FL 33144	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
							7872 West Flagler St.	MIAMI, FL 33144		
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Vicente Carmona 2/5/04 786-251-2729