

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004556

FILED
Mar 14, 2007
Secretary of State

Entity Name: PERSONAL CARE MEDICAL CENTER, INC.

Current Principal Place of Business:

2050 N.E. 163RD STREET
1ST FLOOR
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

2050 N.E. 163RD STREET
1ST FLOOR
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-0720616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
9350 SOUTH DIXIE HIGHWAY
PENTHOUSE TWO
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

BUGIN, ISABEL
2050 NE 163 STREET
NORTH MIAMI BEACH, FL 33162 US

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: ISABEL BUGIN

03/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHVARZER, ALBERTO
Address: 2050 N.E. 163RD STREET, 1ST FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete
Name: BUGIN, ISABEL
Address: 2050 N.E. 163RD STREET, 1ST FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: PSD () Delete
Name: GARBER, MIGUEL
Address: 2050 N.E. 163RD STREET, 1ST FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSD (X) Change () Addition
Name: BUGIN, ISABEL
Address: 2050 N.E. 163RD STREET, 1ST FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD (X) Change () Addition
Name: GARBER, MIGUEL
Address: 2050 N.E. 163RD STREET, 1ST FLOOR
City-St-Zip: NORTH MIAMI BEACH, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ISABEL BUGIN

DIRE

03/14/2007

Electronic Signature of Signing Officer or Director

Date