

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004556

FILED  
May 03, 2009  
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:

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

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

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

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

P

05/03/2009

Electronic Signature of Signing Officer or Director

Date