

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086770

FILED
May 03, 2010
Secretary of State

Entity Name: PALM BEACH MED-CARE, P.A.

Current Principal Place of Business:

1500 N. DIXIE HWY
SUITE 201
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1500 N. DIXIE HWY
SUITE 205
WEST PALM BEACH, FL 33401

Current Mailing Address:

1500 N. DIXIE HWY
SUITE 201
WEST PALM BEACH, FL 33407

New Mailing Address:

1500 N. DIXIE HWY
SUITE 205
WEST PALM BEACH, FL 33401

FEI Number: 65-0794550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHORASSANI, HASHEM
1500 N. DIXIE HWY
SUITE 201
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

KHORASSANI, HASHEM
1500 N. DIXIE HWY
SUITE 205
WEST PALM BEACH, FL 33401 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: HASHEM KHORASSANI MD

05/03/2010

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: PSTD
Name: KHORASSANI MD., HASHEM
Address: 1500 N. DIXIE HWY STE 205
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: HASHEM KHORASSANI MD

PSTD

05/03/2010

Electronic Signature of Signing Officer or Director

Date