


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90088 037 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P97000105056 | |  |
| 1. Entity Name PRECISION CARE MANAGEMENT, INC. | | |

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| Principal Place of Business 7911 NW 72 AVENUE SUITE 213A MEDLEY FL 33166 | Mailing Address 7911 NW 72 AVENUE SUITE 213A MEDLEY FL 33166 |
|--|--|

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|---|--|
| 2. Principal Place of Business 2881 SW 145 CT | 3. Mailing Address P.O. Box 667762 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---------------------------------|---------------------------------|
| City & State Miami FL | City & State Miami FL |
| Zip 33175 | Country USA |
| Country USA | Zip 33166 |



1st MOORE CR2E034 (10/04)

| | |
|--|--|
| 4. FEI Number 65-0803968 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent BUSUTIL, LILIANA V 7911 NW 72ND AVE SUITE 213A MEDLEY FL 33166 | |
| 7. Name and Address of New Registered Agent Name BUSUTIL Liliana V Street Address (P.O. Box Number is Not Acceptable) 2881 SW 145 CT City Miami FL Zip Code 33175 | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BUSUTIL, LILIANA V 7911 N.W. 72 AVE., STE. 213A MEDLEY FL 33166 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MACHADO, LUIS M 7865 W 30 CT., APT. 105 HIALEAH FL 33018 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **2/27/05 (786) 326-0844**
SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #