2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008348

Entity Name: P.C. MEDICAL ASSOCIATES, INC

FILED Feb 24, 2005 Secretary of State

That I is well a record of the same of the						
Current Pr	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1316 N STA MARGATE						
Current Mailing Address:			New Maili	New Mailing Address:		
1316 N STA MARGATE						
FEI Number:	65-0807670	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
OATES, DANIEL E 1500 EAST ATLANTIC BLVD. SUITE B POMPANO BEACH, FL 33060 US			2061 NW 2 201	DI CAPUA, JOSEPH J 2061 NW 2ND AVENUE 201 BOCA RATON, FL 33431 US		
	named entity s				office or registered agent, or both,	
SIGNATURE: JOSEPH J DI CAPUA					02/24/2005	
	Electror	ic Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ().				
OFFICERS	AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () SHERMAN, ME 1316 N STATE POMPANO BEA	RD 7	Title: Name: Address: City-St-Zip:	DI CAPUA, JOS 1316 N STATE		
Title: Name: Address: City-St-Zip:	VS () COHEN, ALEX 1316 N STATE POMPANO BEA		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	T () SCHWARTZ, R 1316 N STATE POMPANO BEA	RD 7	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	DI CAPUA, JOS	AVENUE, STE 201	Title: Name: Address: City-St-Zip:	GONZALEZ, M	AVENUE, STE 201	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP (SMETS, MICHA 2061 NW 2ND BOCA RATON,	AVENUE 201	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH J DI CAPUA P 02/24/2005