

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008348

FILED
Feb 18, 2010
Secretary of State

Entity Name: P.C. MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1316 N STATE RD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

7800 W OAKLAND PARK BLVD
E 214
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0807670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J
7800 W OAKLAND PARK BLVD.
214
SUNRISE, FL 33351 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: DI CAPUA, JOSEPH J
Address: 1316 N STATE RD 7
City-St-Zip: POMPANO BEACH, FL 33063

Title: VS
Name: COHEN, ALEX
Address: 1316 N STATE RD 7
City-St-Zip: POMPANO BEACH, FL 33063

Title: T
Name: SCHWARTZ, ROSS
Address: 1316 N STATE RD 7
City-St-Zip: POMPANO BEACH, FL 33063

Title: SEC
Name: GONZALEZ, MANUEL
Address: 2061 NW 2ND AVENUE, STE 201
City-St-Zip: BOCA RATON, FL 33431

Title: VP
Name: SMETS, MICHAEL
Address: 2061 NW 2ND AVENUE 201
City-St-Zip: BOCA RATON, FL 33431

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: JOSEPH DI CAPUA

P

02/18/2010

Electronic Signature of Signing Officer or Director

Date