## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90060 008 \*\*\*150.00

## DOCUMENT # P98000023021

1. Corporation Name

PACIFIC HEALTH CARE ASSOCIATES INC.

	,					)		
Principal Place	e of Rusiness	Mailing Address				- 1 18811881 ISB 18881 IDIG BUGIL GOILE EDIG BRID	LESS INTO DOUG	11661 1181 1681
•		_	HIDT					
15551 SW 155 COURT 15551 SW 155 COURT 15551 SW 157 COURT 15551 SW 158						A Company of the Comp		
	•					DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						03/11/1998		
2. Principal P	lace of Business	2a. Mailing Addre	ess			4, FEI Number	App	plied For
21		26				65-0818510	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 A	I
22		27				5. Contracto di Stato Dosino	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	· 1
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip		ountry	•	8. This corporation owes the current year Inter-		
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Cur	rent Registered Agent		-	T-1	10. Name and Address of New Registered	Agent	
DEDI	ez, andres e			81	Name			Ì
				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
15551 SW 155 COURT MIAMI FL 33187					ļ			
MIAN	WI PL 3318/			83				
				84	City		85 Zip C	Code
						<u>FL</u>		
.11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508, Floridate of Florida	fa Statutes, the	above	e-named corp	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its ntment as rec	registered (
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0	505, Florida St	atutes	i.	siya dada ay an adaa ay maday adaay an a appan		
SIGNATURE					•			]
	Signature, typed or printed name of registered				nt signature require	d when reinstating) DATE		
12.		AND DIRECTORS	13		·-	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD		1,1	TITLE	l			
NAME	PEREZ, ANDRES E						Change	Addition
STREET ADDRESS	15551 SW 155 COURT		1	NAME	,		□ Cnange	☐ Addition
City-ST-ZIP			1		T ADDRESS		□ Cnange	∐ Addition   
	MIAMI FL 33187		1.3 1.4	STREET	1			
TITLE		□ DE	1.3 1.4	STREET	1		☐ Change	Addition
TITLE NAME		<u></u> □ DE	1.3 1.4 ELETE 2.1	STREET	1			
		□ OE	1.3 1.4 ELETE 2.1 2.2	STREET CITY-S' TITLE NAME	1			
NAME			1.3 1.4 LETE 2.1 2.2 2.3 2.4	STREET CITY-S' TITLE NAME	T-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS		DE	1.3 1.4 LETE 2.1 2.2 2.3 2.4	STREET CITY-S TITLE NAME STREET	T-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			1.3 1.4 1.EETE 2.1 2.2 2.3 2.4 3.1	STREET CITY-S TITLE NAME STREET	T-ZIP	·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2	STREET CITY-S TITLE NAME STREET 4 CITY-S TITLE	T-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3	STREET CITY-S TITLE NAME STREET 4 CITY-S TITLE	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS	·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS	·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 3.1	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS	·	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1	STREET CITY-S TITLE STREET CITY-S TITLE NAME STREET CITY-S TITLE CITY-S TITLE NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 4.1 4.2	STREET CITY-S TITLE STREET CITY-S TITLE NAME STREET CITY-S TITLE CITY-S TITLE NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 4.4 4.4	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33187	□ DE	1.3 1.4 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 4.4 3.4 3.4 3.4 4.4 3.4 4.4 3.4 4.4 3.4 4.4 4	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP	MIAMI FL 33187	□ DE	1.3 1.4 1.4 2.1 2.2 2.3 2.4 2.1 2.1 2.2 3.3 3.4 2.1 2.1 2.1 2.2 3.3 3.4 4.1 4.2 4.3 4.4 4.1 4.5 5.1	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE STREET CITY-S TITLE	T-ZIP  T ADDRESS ST-ZIP  T ADDRESS T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MIAMI FL 33187	□ DE	1.3 1.4 1.4 2.1 2.2 2.3 2.4 2.1 2.1 2.2 3.3 3.4 2.1 2.1 2.1 2.2 3.3 3.4 4.1 2.1 2.2 3.3 3.4 4.5 3.3 4.4 3.5 3.5 3.6 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7 3.7	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE STREET CITY-S TITLE	T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS T ZIP T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 3.1 3.1 3.2 3.3 3.4 4.5 3.1 3.2 4.3 4.4 3.1 3.2 5.3 5.4	STREET TITLE NAME STREET ACITY-S TITLE NAME STREET CITY-S TITLE STREET TITLE STREET TITLE STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS T ZIP T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4	STREET NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET STREET NAME STREET NAME STREET NAME STREET	T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS T ZIP T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL 33187	□ DE	1.3 1.4 2.1 2.2 2.3 2.4 3.1 3.2 3.3 3.4 3.4 4.4 3.1 3.2 5.3 5.4 3.3 5.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3.4 3	STREET ITILE NAME STREET NAME STREET NAME STREET COTY-S TITLE NAME STREET COTY-S TITLE STREET TITLE STREET TITLE NAME STREET TITLE NAME STREET TITLE COTY-S TITLE	T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS T ZIP T ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered. CITY-ST-ZIP