


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90225 050 ***150.00

DOCUMENT # P98000086626

1. Entity Name
PREFERRED CARE PARTNERS, INC.



Principal Place of Business Mailing Address

**9100 S. DADELAND BLVD.
 SUITE 1250
 MIAMI, FL 33156** **9100 S. DADELAND BLVD.
 SUITE 1250
 MIAMI, FL 33156**

50052301



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04282005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For

65-0885893 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ONORATI, ANNETTE C ESQ.
 9100 S. DADELAND BLVD.
 SUITE 1250
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ONORATI, ANNETTE C	
STREET ADDRESS	9100 S. DADELAND BLVD., STE 1250	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	POZO, JUSTO L	
STREET ADDRESS	9100 S. DADELAND BLVD., STE 1250	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ-FERNANDEZ, ORLANDO JR MD	
STREET ADDRESS	9100 S. DADELAND BLVD., STE 1250	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, ARTHUR	
STREET ADDRESS	3141 ROYAL PALM AVENUE	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/05 305-670-8740
 Date Daytime Phone #