

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086626

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: PREFERRED CARE PARTNERS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0885893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ONORATI, ANNETTE C ESQ.  
9100 S. DADELAND BLVD.  
SUITE 1250  
MIAMI, FL 33156 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: S ( ) Delete  
Name: ONORATI, ANNETTE C  
Address: 9100 S. DADELAND BLVD., STE 1250  
City-St-Zip: MIAMI, FL 33156

Title: PTD ( ) Delete  
Name: POZO, JUSTO L  
Address: 9100 S. DADELAND BLVD., STE 1250  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: LOPEZ-FERNANDEZ, ORLANDO JR MD  
Address: 9100 S. DADELAND BLVD., STE 1250  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: SHAPIRO, ARTHUR  
Address: 3141 ROYAL PALM AVENUE  
City-St-Zip: MIAMI, FL 33140

Title: D ( ) Delete  
Name: WALLACE, MILTON J  
Address: 1111 BRICKELL AVENUE, #2150  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: FERRER, CARLOS  
Address: 10 GLENVILLE STREET  
City-St-Zip: GREENWICH, CT 06831

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JUSTO L. POZO

PD

04/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date