

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086626

FILED
Mar 27, 2009
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: D (X) Change () Addition
Name: CARUNCHO, JOSEPH L
Address: 9100 S. DADELAND BLVD., STE 1250
City-St-Zip: MIAMI, FL 33156

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 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: JOSEPH L. CARUNCHO

D

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date