

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086626

FILED
Jan 14, 2011
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

OFFICERS AND DIRECTORS:

Title: S
Name: ONORATI, ANNETTE C
Address: 9100 S. DADELAND BLVD., STE 1250
City-St-Zip: MIAMI, FL 33156

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

Title: D
Name: CARUNCHO, JOSEPH L
Address: 9100 S. DADELAND BLVD., STE 1250
City-St-Zip: MIAMI, FL 33156

Title: D
Name: SHAPIRO, ARTHUR M.D.
Address: 3141 ROYAL PALM AVENUE
City-St-Zip: MIAMI, FL 33140

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

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

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: JUSTO L. POZO

P

01/14/2011

Electronic Signature of Signing Officer or Director

Date