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Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S61536 (6)

1. Corporation Name
P.C.M. HEALTH CARE, INC.

Principal Place of Business
175 FOUNTAINBLEAU BLVD
2-G-10
MIAMI FL 33172
US

Mailing Address
175 FOUNTAINBLEAU BLVD.
2-10-G
MIAMI FL 33172
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 175 Fountainbleau Blvd
Suite, Apt. #, etc.
22 1 R 2
City & State
23 Miami FL
Zip
24 33172 Country
25 US

2a. Mailing Address
26 175 Fountainbleau Blvd
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
06/21/1991
4. FEI Number
65-0270385
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GONZALEZ, MARIA D
175 FOUNTAINBLEAU BLVD.
STE #2-G-10
MIAMI FL 33172

10. Name and Address of New Registered Agent
81 Name Gonzalez, Maria D
82 Street Address (P.O. Box Number is Not Acceptable)
175 Fountainbleau Blvd
83 Ste #1 R 2
84 City Miami FL 85 Zip Code 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 GONZALEZ, MARIA D.
175 FOUNTAINBLEAU BLVD., STE. A2A
MIAMI FL 33172
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 PEREZ, NELLY
9153 FOUNTAINBLEAU BLVD.
MIAMI FL 33172
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

Maria D Gonzalez 4/10/98 5534863

CR2E034 (10/97)