

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90202 034 \*\*\*150.00

<b>DOCUMENT # V34522</b> 1. Entity Name <b>PATIENT CARE, INC.</b>																											
Principal Place of Business <b>175 FOUNTAIN BLEAU BLVD SUITE 1R2 MIAMI, FL 33172 - US</b>		Mailing Address <b>175 FOUNTAIN BLEAU BLVD SUITE 1R2 MIAMI, FL 33172 - US</b>																									
2. Principal Place of Business <b>175 FOUNTAINBLEAU BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1-G8</b> City & State <b>MIAMI, FL 33172</b> Zip <b>33172</b> Country <b>US</b>		3. Mailing Address <b>175 FOUNTAINBLEAU BLVD.</b> Suite, Apt. #, etc. <b>SUITE 1-G8</b> City & State <b>MIAMI, FL</b> Zip <b>33172</b> Country <b>US</b>																									
4. FEI Number <b>65-0335652</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>WILSON, J EVERETT ESQ C/O WILSON, SUAREZ &amp; LOPEZ 2151 LE JEUNE ROAD MEZZ CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Clemente Calana</b> Street Address (P.O. Box Number is Not Acceptable) <b>175 Fontainebleau Blvd. ste 1-G8</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>																									
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 <u><i>Clemente Calana</i></u> DATE <u>                    </u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CALANA, CLEMENTE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 FOUNTAINBLEAU BLVD SUITE 1R2</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33172</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	CALANA, CLEMENTE		STREET ADDRESS	175 FOUNTAINBLEAU BLVD SUITE 1R2		CITY-ST-ZIP	MIAMI, FL 33172		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">SUITE 1-G8</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	SUITE 1-G8	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 all other like empowered.		SIGNATURE <u><i>Clemente Calana</i></u> <b>04/26/04</b> <b>305-228-4333</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									