2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# V34522

Entity Name: PATIENT CARE, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD.
STE. 1G8
MIAMI, FL 33172 US

New Principal Place of Business:

8200 NW 27 ST
118
MIAMI, FL 33122 US

Current Mailing Address:

8200 NW 27TH STREET
SUITE 118
DORAL, FL 33122 US

New Mailing Address:

8200 NW 27 ST
118
MIAMI, FL 33122 US

FEI Number: 65-0335652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GANUZA, DIEGO
8200 NW 27 TH STREET
SUITE 118
DORAL, FL 33122 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: PD ( ) Delete
Name: MENENDEZ, MERCEDES
Address: 8200 NW 27TH STREET SUITE 118
City-St-Zip: DORAL, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MERCEDES MENENDEZ PD 04/13/2009

Electronic Signature of Signing Officer or Director Date