

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045293

Entity Name: PREMIUM CARE DOCTORS CORP.

Current Principal Place of Business:

1816 E 4TH AVENUE
HIALEAH, FL 33010

Current Mailing Address:

1816 E 4TH AVENUE
HIALEAH, FL 33010

FEI Number: 65-1005374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ, RAMON CPA
1400 SW 27 AVE
STE 102
MIAMI, FL 33135 US

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

Officer/Director Detail :

Title PSTD
Name GALGUERA, MANUEL AMD
Address 1816 EAST 4TH AV
City-State-Zip: HIALEAH FL 33010

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: MANUEL A GALGUERA, MD

PRESIDENT

02/08/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date