

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086013

Entity Name: PROFESSIONAL CARE ASSOCIATES, INC.

Current Principal Place of Business:

2115 SW 8 STREET
MIAMI, FL 33135

Current Mailing Address:

2115 SW 8 STREET
MIAMI, FL 33135

FEI Number: 41-2061676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES, SIMONA
2115 SW 8 STREET
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 PT
Name JAMES, SIMONA
Address 3960 SW 195 TERR
City-State-Zip: MIRAMAR FL 33029

Title VS
Name MARIN, PATRICIA
Address 10105 E CALUSA CLUB DR
City-State-Zip: MIAMI FL 33186

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: SIMONA JAMES

PRESIDENT

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date