

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000092558

Entity Name: PHYSICIAN MED-CARE SERVICES, INC.

Current Principal Place of Business:

7975 NW 154TH STREET
300
MIAMI LAKES, FL 33016

Current Mailing Address:

7975 NW 154TH STREET
300
MIAMI LAKES, FL 33016

FEI Number: 46-4110860

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULTI-BUSINESS CENTER, CORP.
8051 WEST 24 AVE
K-8
HIALEAH, FL 33016 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 P
Name HUGHES, AMARILIS
Address 13703 NW 15TH STREET
City-State-Zip: PEMBROKE PINES FL 33028

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: AMARILIS HUGHES

P

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date