

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000079575

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

6705 SW 122 DR  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DR  
STE 200  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 56-2473285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AG CORPORATE SERVICES, LLC  
5806 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 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

**OFFICERS AND DIRECTORS:**

**Title:** PTSD  
**Name:** STEINER, MATTHIAS  
**Address:** 6705 SW 122ND DRIVE  
**City-St-Zip:** MIAMI, FL 33156

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:** MATTHIAS STEINER

PRD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date