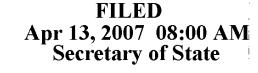
## 2007 FOR PROFIT CORPORATION - ANNUAL REPORT

## **DOCUMENT # J82798** FLARE MEDICAL SERVICES CORP. Mailing Address Principal Place of Business

426 SW 8TH ST

SUITE 3 MIAMI, FL 33130

**SIGNATURE:** 



305)





## DO NOT WRITE IN THIS SPACE

2311.SW 5TH AVE

SUITE A MIAMI, FL 33129

04092007 No Chg-P		CR2E034 (11/05)			
4. FEI Numbe	r		Applied For		
59-2827026			Not Applicable		
5. Certificate	Certificate of Status Desired		\$8.75 Additional Fee Required		

C. Harris and Hadridge of Cartest Hagring Harris	
MUNOZ, LILIAN	
2311 SW 5TH AVE	
SUITE A	
MIAMI, FL 33129	

## DO NOT WRITE IN THIS SPACE

<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when re-instating)  DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MUNOZ, CARMEN 426 SW 8TH ST SUITE 3 MIAMI, FL 33130						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, CARMEN 426 SW 8TH ST SUITÉ 3 MIAMI, FL 33130				U00000704582 04/23/07-80016-025 150.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							