

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076059

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** IMMEDIATE MEDICAL CARE SERVICES, INCORPORATED

**Current Principal Place of Business:**

3403 NW 82 AVE  
SUITE 340  
DORAL, FL 33122

**New Principal Place of Business:**

3403 NW 82 AVE  
SUITE 101  
DORAL, FL 33122

**Current Mailing Address:**

3403 NW 82 AVE  
SUITE 340  
DORAL, FL 33122

**New Mailing Address:**

3403 NW 82 AVE  
SUITE 101  
DORAL, FL 33122

**FEI Number:** 76-0711606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKO, DAVID  
3001 SW 3RD AVENUE  
MIAMI, FL 33129 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: DP  
Name: MARCOS, XAVIER  
Address: 3403 NW 82 AVE  
City-St-Zip: DORAL, FL 33122

Title: ST  
Name: VALLARINO, EDUARDO  
Address: 3403 NW 82 AVE  
City-St-Zip: DORAL, FL 33122

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: XAVIER A. MARCOS

MGRM

03/20/2012

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

\_\_\_\_\_ Date