

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000076059

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

**Current Principal Place of Business:**

3403 NW 82 AVE  
SUITE 101  
DORAL, FL 33122

**Current Mailing Address:**

3403 NW 82 AVE  
SUITE 101  
DORAL, FL 33122

**FEI Number:** 76-0711606

**Certificate of Status Desired:** No

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

MARKO, DAVID  
3001 SW 3RD AVENUE  
MIAMI, FL 33129 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           | DP             | Title           | ST                 |
| Name            | MARCOS, XAVIER | Name            | VALLARINO, EDUARDO |
| Address         | 3403 NW 82 AVE | Address         | 3403 NW 82 AVE     |
| City-State-Zip: | DORAL FL 33122 | City-State-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 MARCOS

**PRESIDENT**

**04/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date