

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002661

Entity Name: MEDACARE, INC.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

9100 SW 28 STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

9100 SW 28 STREET
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0475313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRANZA, CARLOS D
9100SW 28 STREET
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CARRANZA, CARLOS D
Address: 9100 SW 28 STREET
City-St-Zip: MIAMI, FL 33165 US

Title: XXX () Delete
Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XX
City-St-Zip: XXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Delete
Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXX () Delete
Name: XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Delete
Name: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXXXXXXXXXXXXXX, XX XXXXXXXX XX

Title: XXXX () Delete
Name: XXXXXXXXXXXXXXXX, XXXXXXXX X XXXXXXXX
Address: XXXXXXXXXXXXXXXXXXXXXXXX
City-St-Zip: XXXXXXXX, XX XXXXXXXX XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS D. CARRANZA

PSD

04/23/2006

Electronic Signature of Signing Officer or Director

Date