

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14059

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: MEDICAL CARE SYSTEMS, INC.

**Current Principal Place of Business:**

16409 N.W. 8 AVENUE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 430932  
MIAMI, FL 332430932 US

**New Mailing Address:**

FEI Number: 59-2688252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, ROBERT  
7072 SW 53 LANE  
MIAMI, FL 33155 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: VPDS ( ) Delete  
Name: SCHNEIDER, JENNIFER,  
Address: 7072 SW 53RD LANE  
City-St-Zip: MIAMI, FL 33155

Title: PTD ( ) Delete  
Name: SCHNEIDER, ROBERT  
Address: 7072 SW 53RD LANE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPDS (X) Change ( ) Addition  
Name: SCHNEIDER, JENNIFER  
Address: 7072 SW 53RD LANE  
City-St-Zip: MIAMI, FL 33155

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT SCHNEIDER

PTD

03/04/2009

Electronic Signature of Signing Officer or Director

Date