

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 046 ***150.00

DOCUMENT # J82798 1. Entity Name FLARE MEDICAL SERVICES CORP.			
Principal Place of Business 8080 WEST FLAGLER ST. 2B MIAMI, FL 33144		Mailing Address 8080 WEST FLAGLER ST. 2B MIAMI, FL 33144	
2. Principal Place of Business 426 SW 8 St Suite, Apt. #, etc. #3		3. Mailing Address 2311 SW 5A AVE Suite, Apt. #, etc. A	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33130		Zip 33129	
Country MIAMI-DADE		Country MIAMI, DADE	
4. FEI Number 59-2827026		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSES, RAQUEL 8080 WEST FLAGLER ST. STE. 2B MIAMI, FL 33144		7. Name and Address of New Registered Agent Name LILIAN MUNOZ Street Address (P.O. Box Number is Not Acceptable) 2311 SW 5A AVE A City MIAMI, FL FL Zip Code 33129	
8. 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. SIGNATURE Lilian Munoz LILIAN MUNOZ 3-30-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MUNOZ, CARMEN 8080 WEST FLAGLER ST., STE. 2B MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MUNOZ, CARMEN 426 SW 8 St #3 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, CARMEN 8080 WEST FLAGLER ST., STE. 2B MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUNOZ, CARMEN 426 SW 8 St #3 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.			
SIGNATURE: Carmen Munoz CARMEN MUNOZ 3/30/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Change Address only for PDST & S