## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82798

MIAMI, FL 33144

City-St-Zip:

Entity Name: FLARE MEDICAL SERVICES CORP

FILED Apr 29, 2009 Secretary of State

,					
Current Principal Place of Business:			New Principal Place of Business:		
8370 W. F SUITE 120 MIAMI, FL	_	EET			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2311 SW : MIAMI, FL					
FEI Number	: 59-2827026	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MUNOZ, L 2311 SW : MIAMI, FL	5TH AVE				
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MUNOZ, CARN 8370 W. FLAG	SLER STREET SUITE # 120	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MUNOZ, CAR	) Delete MEN SLER STREET SUITE # 120	Title: Name: Adress:	( ) Change ( ) Addition	

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: CARMEN MUNOZ S 04/29/2009