

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J82798

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** FLARE MEDICAL SERVICES CORP.

**Current Principal Place of Business:**

8370 W. FLAGLER STREET  
SUITE 120  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

2311 SW 5TH AVE  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 59-2827026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, LILIAN  
2311 SW 5TH AVE  
MIAMI, FL 33129 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

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: MUNOZ, CARMEN  
Address: 8370 W. FLAGLER STREET SUITE # 120  
City-St-Zip: MIAMI, FL 33144

Title: S  
Name: MUNOZ, CARMEN  
Address: 8370 W. FLAGLER STREET SUITE # 120  
City-St-Zip: MIAMI, FL 33144

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: CARMEN MUNOZ

PDST

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date