2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# K94953

Entity Name: MEDICAL CARE SERVICES, INC.

Current Principal Place of Business:

4242 SW 73 AVE.
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

4242 SW 73 AVE.
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0140107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, LIONEL
840 SW 94TH AVE
MIAMI, FL 33174 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: PT ( ) Delete
Name: MEDINA, LIONEL,
Address: 840 SW 94TH AVE
City-St-Zip: MIAMI, FL 33174

Title: VPS ( ) Delete
Name: SOTTO, DON
Address: 4301 S.W 12ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: LIONEL MEDINA PRES 01/19/2004

Electronic Signature of Signing Officer or Director Date