2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94953

MIAMI, FL 33155

City-St-Zip:

Entity Name: MEDICAL CARE SERVICES, INC

FILED Jan 06, 2007 Secretary of State

Littly Null	ic. WILDIOAL	CARL GERVICES, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
4242 SW 73 MIAMI, FL			7290 SW MIAMI, F	/ 42 TERRA L 33155	CE US		
Current Mailing Address:				New Mailing Address:			
4242 SW 73 MIAMI, FL			7290 SW MIAMI, F	/ 42 TERRA L 33155	CE US		
FEI Number:	65-0140107	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certific	ate of Status Desired	()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
MEDINA, LI 840 SW 94 MIAMI, FL The above in the State	TH AVE 33174 US named entity s	submits this statement for the	purpose of changin	g its register	ed office or	registered agent, o	r both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	ent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PT () MEDINA, LIONE 840 SW 94TH A MIAMI, FL 3317	VE	Title: Name: Address: City-St-Zip	:	() Change	() Addition	
Title: Name: Address:	VSD () SOTTO, DON 4242 SW 73 AV	Delete	Title: Name: Address:	VSD SOTTO, D 995 SW 1		() Addition	

City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the 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: DON SOTTO VP 01/06/2007