

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94953

FILED
Mar 20, 2009
Secretary of State

Entity Name: MEDICAL CARE SERVICES, INC.

Current Principal Place of Business:

7290 SW 42 TERRACE
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7290 SW 42 TERRACE
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: VSD () Delete
Name: SOTTO, DON
Address: 995 SW 143 COURT
City-St-Zip: MIAMI, FL 33184

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 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 A SOTTO

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date