

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007553

FILED
Apr 10, 2006
Secretary of State

Entity Name: FULL CARE MEDICAL, INC.

Current Principal Place of Business:

625 SE SECOND AVENUE #B
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

625 SE SECOND AVENUE #B
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 34-1989797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIANGCO, CECILIA M M.D.
625 SE SECOND AVENUE #B
BOYNTON BEACH, FL 33435 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: PD () Delete
Name: LIANGCO, CECILIA M
Address: 625 SE SECOND AVENUE #B
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD () Delete
Name: LIANGCO, RECHILDA
Address: 4821 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: SD () Delete
Name: MARVILLA, RODOLFO
Address: 4821 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: TD () Delete
Name: LIANGCO, WARLITO C
Address: 12067 VILLA ROAD
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA M. LIANGCO

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date