

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007553

Entity Name: FULL CARE MEDICAL, INC.

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

625 SE SECOND AVENUE #B
BOYNTON BEACH, FL 33435

New Principal Place of Business:

4821 BLUE PINE CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

625 SE SECOND AVENUE #B
BOYNTON BEACH, FL 33435

New Mailing Address:

4821 BLUE PINE CIRCLE
LAKE WORTH, FL 33463

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:

LIANGCO, ALLAN M
4821 BLUE PINE CIRCLE
LAKE WORTH, FL 33463 US

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: ALLAN M. LIANGCO

04/18/2007

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIANGCO, ALLAN M
Address: 4821 BLUE PINE CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: VD (X) Change () Addition
Name: CUNNINGHAM, RECHILDA M
Address: 1224 S. MILITARY TRAIL #2311
City-St-Zip: DEERFIELD BEACH, FL 33442

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

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

Title: ADVS () Change (X) Addition
Name: LIANGCO, CECILIA M
Address: 12067 VILLA RD.
City-St-Zip: SPRINGHILL, FL 34609

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: ALLAN M. LIANGCO

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date