

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000055328

FILED
Jan 24, 2007
Secretary of State

Entity Name: MEDIFLEX PATIENT CARE SERVICES, INC.

Current Principal Place of Business:

603 6TH ST NW
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

603 6TH ST NW
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3723381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHERT, BART
323 3RD ST NW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

RICHERT, BART
603 6TH ST NW
WINTER HAVEN, FL 33880 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:

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHERT, BART
Address: 323 3RD ST NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: TRINKLEIN, STEVE
Address: 323 3RD ST NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: RICHERT, DWIGHT
Address: 323 3RD ST NW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RICHERT, BART
Address: 323 3RD ST NW
City-St-Zip: 603 6TH ST NW, FL 33880

Title: D (X) Change () Addition
Name: TRINKLEIN, STEVE
Address: 323 3RD ST NW
City-St-Zip: 603 6TH ST NW, FL 33880

Title: D (X) Change () Addition
Name: RICHERT, DWIGHT
Address: 603 6TH ST NW
City-St-Zip: WINTER HAVEN, FL 33880

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: STEVE TRINKLEIN

D

01/24/2007

Electronic Signature of Signing Officer or Director

Date