

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076059

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** IMMEDIATE MEDICAL CARE SERVICES, INCORPORATED

**Current Principal Place of Business:**

12010 NW 15 STREET  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

3403 NW 82 AVE  
SUITE 340  
DORAL, FL 33122

**Current Mailing Address:**

12010 NW 15 STREET  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

3403 NW 82 AVE  
SUITE 340  
DORAL, FL 33122

**FEI Number:** 76-0711606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAINE, JEFFRY C  
8230 NW 51 STREET  
LAUDERHILL, FL 33351 US

**Name and Address of New Registered Agent:**

MARKO, DAVID  
3001 SW 3RD AVENUE  
MIAMI, FL 33129 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:** DAVID MARKO

03/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MARCOS, XAVIER  
**Address:** 3403 NW 82 AVE  
**City-St-Zip:** DORAL, FL 33122

**Title:** VP  
**Name:** PEDRAJA, CARLOS  
**Address:** 3403 NW 82 AVE  
**City-St-Zip:** DORAL, FL 33122

**Title:** ST  
**Name:** VALLARINO, EDUARDO  
**Address:** 3403 NW 82 AVE  
**City-St-Zip:** DORAL, FL 33122

I hereby 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 all other like empowered.

**SIGNATURE:** XAVIER MARCOS

DP

03/21/2011

Electronic Signature of Signing Officer or Director

Date