

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000016549

FILED
Nov 15, 2004
Secretary of State

Entity Name: MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.

Current Principal Place of Business:

5445 W. 27TH LANE
HIALEAH, FL 33016

New Principal Place of Business:

8004 NW 154 STREET, #130
MIAMI LAKES, FL 33016 US

Current Mailing Address:

5445 W. 27TH LANE
HIALEAH, FL 33016

New Mailing Address:

8004 NW 154 STREET, #130
MIAMI LAKES, FL 33016

FEI Number: 51-0447629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, MARCOS
5445 W. 27TH LANE
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

GONZALEZ, MARCOS
8004 NW 154 STREET, #130
MIAMI LAKES, FL 33016 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: MARCOS GONZALEZ

11/15/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, MARCOS
Address: 5445 W. 27TH LANE
City-St-Zip: HIALEAH, FL 33016

Title: VD () Delete
Name: GONZALEZ, SILVIA
Address: 5445 W. 27TH LANE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GONZALEZ, MARCOS
Address: 8004 NW 154 STREET, #130
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD (X) Change () Addition
Name: GONZALEZ, SILVIA
Address: 8004 NW 154 STREET, #130
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILVIA GONZALEZ

VD

11/15/2004

Electronic Signature of Signing Officer or Director

Date