

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000016549

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** MEDICAL CARE & SOLUTIONS BIOMEDICAL INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

2272 WEST 78 STREET  
HIALEAH, FL 33016 US

**Current Mailing Address:**

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

**New Mailing Address:**

2272 WEST 78 STREET  
HIALEAH, 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  
8004 NW 154 STREET, #130  
MIAMI LAKES, FL 33016 US

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

GONZALEZ, MARCOS  
2272 WEST 78 STREET  
HIALEAH, 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

03/29/2006

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: 8004 NW 154 STREET, #130  
City-St-Zip: MIAMI LAKES, FL 33016

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, MARCOS  
Address: 2272 WEST 78 STREET  
City-St-Zip: HIALEAH, FL 33016

Title: VD (X) Change ( ) Addition  
Name: GONZALEZ, SILVIA  
Address: 2272 WEST 78 STREET  
City-St-Zip: HIALEAH, FL 33016

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:** MARCOS GONZALEZ

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date