

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90049 039 ***150.00

DOCUMENT # P03000047630

1. Entity Name

TRUE CARE MEDICAL SERVICES INC.



Principal Place of Business

20900 SW 376 ST
HOMESTEAD FL 33034

Mailing Address

20900 SW 376 ST
HOMESTEAD FL 33034

2. Principal Place of Business

311 NE 8th ST

3. Mailing Address

311 NE 8th ST

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Homestead FL

City & State

Homestead FL

Zip

33030

Country

Dade

Zip

33030

Country

Dade



MOORE

CR2E034 (11/03)

4. FEI Number

56-2353174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, EMIGDIO A
20900 SW 376 ST
HOMESTEAD FL 33034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X

E. Campos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CAMPOS, EMIGDIO A
STREET ADDRESS 20900 SW 376 ST
CITY-ST-ZIP HOMESTEAD FL 33034

TITLE VD ☐ Delete
NAME TYLER, LUCY S
STREET ADDRESS 8420 SW 178 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

E. Campos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04 (305) 245-6576

DATE Daytime Phone #