

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000047630

FILED
Oct 31, 2006
Secretary of State

Entity Name: TRUE CARE MEDICAL SERVICES INC.

Current Principal Place of Business:

311 NE 8TH ST
#101
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

311 NE 8TH ST
#101
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 56-2353174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPOS, EMIGDIO A
20900 SW 376 ST
HOMESTEAD, FL 33034 US

Name and Address of New Registered Agent:

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: EMIGDIO A CAMPOS

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: CAMPOS, EMIGDIO A
Address: 20900 SW 376 ST
City-St-Zip: HOMESTEAD, FL 33034

Title: VD () Delete
Name: TYLER, LUCY S
Address: 8420 SW 178 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPOS, EMIGDIO A
Address: 20900 SW 376 ST
City-St-Zip: HOMESTEAD, FL 33034 US

Title: VD (X) Change () Addition
Name: TYLER, LUCY S
Address: 8420 SW 178 STREET
City-St-Zip: MIAMI, FL 33157 US

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: EMIGDIO A CAMPOS

Electronic Signature of Signing Officer or Director

PD

10/31/2006

Date