2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P03000047630

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: _____

Electronic Signature of Registered Agent — Date

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 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date