

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000062723

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: DYNAMIC HEALTHCARE SERVICES INC.

## Current Principal Place of Business:

4014 VALRICO GROVE DRIVE  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1306  
VALRICO, FL 33595

## New Mailing Address:

FEI Number: 57-1172924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARTER, DONNELL  
4014 VALRICO GROVE DRIVE  
VALRICO, FL 33594 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: PS ( ) Delete  
Name: CARTER, DONNELL  
Address: 4014 VALRICO GROVE DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete  
Name: KUPPACHIHI, RAJASEKHAR  
Address: 10235 TIMBERLAND POINT DRIVE  
City-St-Zip: TAMPA, FL 33647

## 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: DONNELL CARTER

PS

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date