

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035180

FILED
Mar 21, 2008
Secretary of State

Entity Name: ALL CARE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

7891 W FLAGLER STREET
354
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7891 W FLAGLER STREET
354
MIAMI, FL 33144

New Mailing Address:

FEI Number: 73-1696484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, PATRICIA M ESQ.
2701 SOUTH BAYSHORE DR., STE. 605
COCONUT GROVE, FL 33133 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: D () Delete
Name: GOMEZ, RICARDO
Address: 7891 W FLAGLER STREET, # 354
City-St-Zip: MIAMI, FL 33144

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARELLANO, CLAUDIO F
Address: 7891 W FLAGLER STREET, # 354
City-St-Zip: MIAMI, FL 33144

Title: D () Change (X) Addition
Name: GOMEZ, RICARDO
Address: 7891 W FLAGLER STREET, # 354
City-St-Zip: MIAMI, FL 33144

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: CLAUDIO F ARELLANO

P

03/21/2008

Electronic Signature of Signing Officer or Director

_____ Date