

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079575

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MEDICAL CARE SOLUTIONS, INC.

## Current Principal Place of Business:

13230 SW 132 AVE  
28  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

13230 SW 132 AVE  
28  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 56-2473285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC  
5806 BLUE LAGOON DRIVE  
SUITE 200  
MIAMI, FL 33126 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: PTD ( ) Delete  
Name: STEINER, MATTHIAS  
Address: 6705 SW 122ND DRIVE  
City-St-Zip: MIAMI, FL 33156

Title: VPS ( ) Delete  
Name: GALLARDO, RAFAEL  
Address: 14783 SW 132 AVE  
City-St-Zip: MIAMI, FL 33186

## 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: MATTHIAS STEINER

PTD

04/30/2009

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

\_\_\_\_\_  
Date