

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000083461

FILED
Sep 20, 2006
Secretary of State

Entity Name: INCARE MEDICAL SERVICES, INC.

Current Principal Place of Business:

8992 LAKES BLVD
WEST PALM BEACH, FL 33412

New Principal Place of Business:

5216 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

8992 LAKES BLVD
WEST PALM BEACH, FL 33412

New Mailing Address:

5216 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418

FEI Number: 20-1318786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, SHEELA R
8992 LAKES BLVD
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

SHAH, SHEELA R
5216 MISTY MORN ROAD
PALM BECH GARDENS, FL 33418 US

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: SHEELA SHAH

09/20/2006

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: P () Delete
Name: SHAH, SHEELA R
Address: 8992 LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete
Name: DELTOR, PIERRE
Address: 13527 49TH STREET NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S () Delete
Name: THOMAS-HUNTER, NICOLE
Address: 11865 US HWY 1 - SUITE C
City-St-Zip: NORTH PLAM BEACH, FL 33408

Title: T () Delete
Name: HOOSIEN, EBRAHIM
Address: 11865 US HWY 1 - SUITE C
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAH, SHEELA R
Address: 5216 MISTY MORN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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 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: SHEELA SHAH

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date