

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083461

FILED
May 16, 2007
Secretary of State

Entity Name: INCARE MEDICAL SERVICES, INC.

Current Principal Place of Business:

5216 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

649 US HWY ONE, SUITE 2
NORTH PALM BEACH, FL 33408

Current Mailing Address:

5216 MISTY MORN ROAD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

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
5216 MISTY MORN ROAD
PALM BECH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

SHAH, SHEELA R
649 US HWY ONE, SUITE 2
NORTH PALM BEACH, FL 33408 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: _____

05/16/2007

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: 5216 MISTY MORN ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: 649 US HWY ONE, SUITE 2
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP (X) Change () Addition
Name: DELTOR, PIERRE
Address: 649 US HWY ONE, SUITE 2
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S (X) Change () Addition
Name: WILLINGHAM, TIMOTHY
Address: 649 US HWY ONE, SUITE 2
City-St-Zip: NORTH PLAM BEACH, FL 33408

Title: T (X) Change () Addition
Name: HOOSIEN, EBRAHIM
Address: 649 US HWY ONE, SUITE 2
City-St-Zip: NORTH PALM BEACH, FL 33408

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: SHEELA SHAH

P

05/16/2007

Electronic Signature of Signing Officer or Director

Date