

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132848

Entity Name: IDS, INC.

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

4530 NW 7TH STREET
MIAMI, FL 33126

New Principal Place of Business:

955 NW 3 STREET
SECOND FLOOR
MIAMI, FL 33128 US

Current Mailing Address:

4530 NW 7TH STREET
MIAMI, FL 33126

New Mailing Address:

1560 SW 139 AVENUE
MIAMI, FL 33184 US

FEI Number: 20-1696760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MULTICARE HEALTH MANAGEMENT ASSOCIATES, IN
1560 SW 139 AVENUE
MIAMI, FL 33184 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: JESUS GAZQUEZ

03/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: COBO, ARTURO
Address: 8940 SW 61 CT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ES (X) Change (X) Addition
Name: ~~GAZQUEZ, JESUS~~ MARIO S
Address: ~~8560 SW 909 AVENUE~~
City-St-Zip: MIAMI, FL 33184 US

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: MARIO S. CUERVO, JR.

CT

03/07/2008

Electronic Signature of Signing Officer or Director

Date