2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140130

FILED Aug 20, 2006 Secretary of State

| Entity Name: FLORIDA TRANS CARE CORP | | | | | | |
|--|--|--|---|--|--------------|---|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
| 840 MENTMORE CIR. DELTONA, FL 32738 | | | | 915 DOYLE RD SUITE 112 DELTONA, FL 32725 | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| P.O. BOX 4 ENTERPR | 4162 ISE, FL 327 | 725 | | | | |
| FEI Number: 20-1614668 FEI Number Applied For () FEI Nu | | | mber Not Applicable () Certificate of Status Desired () | | | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| MORALES, ALEX 840 MENTMORE CIR. DELTONA, FL 32738 US | | | | MARTINEZ, MONICA 120 CINNAMON OAK DR DELAND, FL 32720 US | | |
| The above in the State | | ty submits this statement for the | purpose o | f changing it | ts registere | d office or registered agent, or both, |
| SIGNATURE: MONICA MARTINEZ | | | | 08/20/2006 | | |
| | Electr | onic Signature of Registered Ag | ent | | | Date |
| Election Can | | .193(2)(b), F.S., the corporation did noting Trust Fund Contribution (). ECTORS: | ot receive t | · | | ES TO OFFICERS AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | P MORALES, 7 840 MENTM DELTONA, F | ORE CIR. | | Title: Name: Address: City-St-Zip: | | (X) Change () Addition MONICA MON OAK DR L 32720 US |
| Title: Name: Address: City-St-Zip: | | () Delete | | Title: Name: Address: City-St-Zip: | | () Change (X) Addition Z, MARTA G#2 VENUS GDNS NORTE AS, PR 00926 US |
| Title: Name: Address: City-St-Zip: | | () Delete | | Title: Name: Address: City-St-Zip: | | () Change (X) Addition MOISES G#2 VENUS GDNS NORTE AS, PR 00926 US |

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: MONICA MARTINEZ Ρ 08/20/2006