2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 06, 2007
Secretary of State

DOCUMENT# P04000140130

Entity Name: FLORIDA TRANS CARE CORP

Current Principal Place of Business:

915 DOYLE RD
SUITE 112
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4162
ENTERPRISE, FL 32725

New Mailing Address:

915 DOYLE ROAD
SUITE 112
DELTONA, FL 32725

FEI Number: 20-1614668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, MONICA
120 CINNAMON OAK DR
DELAND, FL 32720 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: MONICA MARTINEZ
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: MARTINEZ, MONICA
Address: 120 CINNAMON OAK DR
City-St-Zip: DELAND, FL 32720 US

Title: VP ( ) Delete
Name: HERNANDEZ, MARTA
Address: SONORA AG#2 VENUS GDNS NORTE
City-St-Zip: RIO PIEDRAS, PR 00926 US

Title: SEC ( ) Delete
Name: MORALES, MOISES
Address: SONORA AG#2 VENUS GDNS NORTE
City-St-Zip: RIO PIEDRAS, PR 00926 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 P 12/06/2007
Electronic Signature of Signing Officer or Director Date