

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140130

Entity Name: FLORIDA TRANS CARE CORP

FILED  
Jun 03, 2008  
Secretary of State

## Current Principal Place of Business:

915 DOYLE RD  
SUITE 112  
DELTONA, FL 32725

## New Principal Place of Business:

## Current Mailing Address:

915 DOYLE ROAD  
SUITE 112  
DELTONA, FL 32725

## New Mailing Address:

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:

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: 357 COVENTRY ESTATES BLVD.  
City-St-Zip: DELTONA, FL 32725 US

Title: SEC ( ) Delete  
Name: MORALES, MOISES  
Address: 375 COVENTRY ESTATES BLVS.  
City-St-Zip: DELTONA, FL 32725 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

06/03/2008

Electronic Signature of Signing Officer or Director

Date