

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90057 028 ***150.00

DOCUMENT # P05000163504 1. Entity Name M.C. MED SERVICE INC.	
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Principal Place of Business 8181 NW 36TH STREET SUITE #1002-1004 DORAL, FL 33166	Mailing Address 8181 NW 36TH STREET SUITE #1002-1004 DORAL, FL 33166
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3965410	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTILLO, MADELEINE Z 8181 NW 36TH STREET SUITE #1002-1004 DORAL, FL 33166	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, MADELEINE Z 8181 NW 36TH STREET, SUITE #1002-1004 DORAL, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTILLO, RICAURTE A 8181 NW 36TH STREET, SUITE #1002-1004 DORAL, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u><i>M. Castillo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u><i>April 29, 2007</i></u> Date	<u><i>(305) 951-7616</i></u> Daytime Phone #
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