2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# P06000126747

Entity Name: ATLANTIS MEDCARE INC

Current Principal Place of Business:

13255 SW 137 AVE
SUITE 204
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13255 SW 137 AVE
SUITE 204
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 20-5652374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAVELO, HECTOR
15400 SW 74 CIRCLE CT
APT 105
MIAMI, FL 33193 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAVELO, HECTOR
Address: 13255 SW 137 AVE SUITE 204
City-St-Zip: MIAMI, FL 33186 US

Title: VP (X) Delete
Name: DELGADO, YAIMA
Address: 13255 SW 137 AVE SUITE 204
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: HECTOR RAVELO P 02/13/2007

Electronic Signature of Signing Officer or Director Date