

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142889

Entity Name: VIRTUAL CARE SERVICE CORP.

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

6595 NW 36 STREET SUITE 305-1
VIRGINA GARDENS, FL 33166

New Principal Place of Business:

6595 NW 36 STREET SUITE 117
VIRGINA GARDENS, FL 33166

Current Mailing Address:

6595 NW 36 STREET SUITE 305-1
VIRGINA GARDENS, FL 33166

New Mailing Address:

FEI Number: 20-8286397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JUAN E
4700 NW 107 AVE APT 603
MIAMI, FL 33178 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: D () Delete
Name: GONZALEZ, JUAN E
Address: 4700 NW 107 AVE APT 603
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, JUAN E
Address: 4700 NW 107 AVE APT 603
City-St-Zip: MIAMI, FL 33178

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: JUAN EMILIO GONZALEZ

P

03/30/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date