

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068587

FILED
May 29, 2008
Secretary of State

Entity Name: MEDICAL CONCIERGE SERVICES INC.

Current Principal Place of Business:

601 NE 36TH STREET
SUITE 3004
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

601 NE 36TH STREET
SUITE 3004
MIAMI, FL 33137

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, RACHELLE
601 NE 36TH STREET
SUITE 3004
MIAMI, FL 33137 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: DIR () Delete
Name: WEISS, RACHELLE
Address: 601 NE 36TH STREET SUITE 3004
City-St-Zip: MIAMI, FL 33137

Title: DIR (X) Delete
Name: ROCHA, CINDY
Address: 11941 SW 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

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 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: RACHELLE WEISS

PRES

05/29/2008

Electronic Signature of Signing Officer or Director

Date