2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2008
Secretary of State

DOCUMENT# P07000129308

Entity Name: METROCARE HEALTHCARE SYSTEMS, INC.

Current Principal Place of Business:

5981 FUNSTON STREET
A2
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

5981 FUNSTON STREET
A2
HOLLYWOOD, FL 33023 US

New Mailing Address:

FEI Number: 26-1515046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OMORUYI, UYIOSAIFO
5981 FUNSTON STREET
A2
HOLLYWOOD, FL 33023 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

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: OMORUYI, UYIOSAIFO
Address: 5981 FUNSTON STREET, SUITE A2
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: DIR (X) Delete
Name: THOMAS, KARYN
Address: 5981 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: DIR ( ) Delete
Name: AIDEYAN, RUSS
Address: 5981 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: AIDEYAN, EGHOSA
Address: 5981 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

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: EGHOSA AIDEYAN DIR 07/14/2008

Electronic Signature of Signing Officer or Director Date