2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P08000028191

Entity Name: VCM MEDICAL SERVICES, INC.

Current Principal Place of Business:

C/O BALES & BALES, P.A., 4000 PONCE DE
LEON BLVD., SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

2740 SW 97 TH AVE
STE A 110
MIAMI, FL 33165

Current Mailing Address:

C/O BALES & BALES, P.A., 4000 PONCE DE
LEON BLVD., SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

2740 SW 97 TH AVE
STE A 110
MIAMI, FL 33165

FEI Number: 26-2197862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALES & BALES, P.A.
4000 PONCE DE LEON BLVD.
SUITE 470
CORAL GABLES, FL 33146 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: TORRES, MANUEL B MD
Address: 12353 SW 122 CT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TORRES, MANUEL B MD
Address: 2740 SW 97TH AVE STE A110
City-St-Zip: MIAMI, FL 33165

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: MANUEL B TORRES MD P 03/19/2009

Electronic Signature of Signing Officer or Director — Date