


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000003900 1. Entity Name MEDCLAIM SERVICES INC.	
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02072008 No Chg-P CR2E034 (11/05)

Principal Place of Business 4176 W 12 AVE HIALEAH, FL 33012 US	Mailing Address PO BOX 14-4131 CORAL GABLES, FL 33114-4131 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0400536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUIRNATES, RAMON JR
4176 W 12 AVE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000931826
02/27/08-80034-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O QUIRNATES, RAMON JR. 4176 W 12 AVE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

(305) 888-2210

Date

Daytime Phone #