2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# P93000003900

Entity Name: MEDCLAIM SERVICES INC.

Current Principal Place of Business:

4176 W 12 AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14-4131
CORAL GABLES, FL 331144131 US

New Mailing Address:

FEI Number: 65-0400536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

QUIRANTES, RAMON JR
4176 W 12 AVE
CORAL GABLES, FL 33134 US

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: RAMON QUIRANTES 02/04/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: QUIRNATES, RAMON JR.
Address: 4176 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition
Name: QUIRANTES, RAMON JR.
Address: 4176 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

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: RAMON QUIRANTES MR 02/04/2009
Electronic Signature of Signing Officer or Director Date