

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003900

Entity Name: MEDCLAIM SERVICES INC.

FILED
Mar 12, 2011
Secretary of State

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:

QUIRANTES, RAMON JR
4176 W 12 AVE
CORAL GABLES, FL 33134 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: O
Name: QUIRANTES, RAMON JR.
Address: 4176 W 12 AVE
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: RAMON QUIRANTES JR

MR

03/12/2011

Electronic Signature of Signing Officer or Director

Date