

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000018723

Entity Name: TRANS-CARE SERVICES, INC.

FILED
Nov 01, 2006
Secretary of State

Current Principal Place of Business:

P O BOX 1512
LAKE CITY, FL 32056 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1512
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-3189038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, LAQUEZ D
284 SW HUDSON LANE
LAKE CITY, FL 32025 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: P () Delete
Name: BICKERSTAFF, HOSEA L
Address: P. O. BOX 1103
City-St-Zip: LAKE CITY, FL 320561103 11

Title: VP (X) Delete
Name: COMBS, LAQUEZ D
Address: 284 SW HUDSON LANE
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMBS, LAQUEZ D
Address: 284 SW HUDSON LANE
City-St-Zip: LAKE CITY, FL 32025 11

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAQUEZ D. COMBS

PRES

11/01/2006

Electronic Signature of Signing Officer or Director

Date