

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018723

Entity Name: TRANS-CARE SERVICES, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

11717 102ND TERRACE
LIVE OAK, FL 32064 US

New Principal Place of Business:

284 SW HUDSON LN
LAKE CITY, FL 32025 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P () Change (X) Addition
Name: BICKERSTAFF, HOSEA L MR
Address: 284 SW HUDSON LN
City-St-Zip: LAKE CITY, FL 32025 US

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: HOSEA L BICKERSTAFF

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date