

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018723

FILED
Apr 03, 2012
Secretary of State

Entity Name: TRANS-CARE SERVICES, INC.

Current Principal Place of Business:

284 SW HUDSON LN
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1512
LAKE CITY, FL 32056 US

New Mailing Address:

284 SW HUDSON LN
LAKE CITY, FL 32025 US

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
2814 HERSCHEL ST
JACKSONVILLE, FL 32205 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: PRES
Name: COMBS, LAQUEZ D
Address: 2814 HERSCHEL ST
City-St-Zip: JACKSONVILLE, FL 32205 US

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: LAQUEZ COMBS

PRES

04/03/2012

Electronic Signature of Signing Officer or Director

Date