2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082053

GONZALEZ, RÉNE

2766 NW 62 ST.

MIAMI, FL 33147

Name:

Address:

City-St-Zip:

Entity Name: MEDICAL CARE TRANSPORTATION, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	62ND STREE [*] . 331477662	Г			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	62ND STREE ¹ . 331477662	Г			
FEI Number	r: 65-0630663	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MIAMI, FL	62ND STREE ⁻ 33147 US		purpose of changing its registered	d office or registered agent, or both,	
SIGNATU					
Election Ca		nic Signature of Registered Ag g Trust Fund Contribution().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GONZALEZ, D 2766 NW 62NI	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, R. 2766 NW 62 S	Т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	TS () Delete	Title [.]	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: RENE GONZALEZ TS 02/04/2009