


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 005 ***150.00

DOCUMENT # P98000085814 1. Entity Name ALL CARE MEDICAL SERVICES, INC.	
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Principal Place of Business 1115 45TH STREET SUITE 1A WEST PALM BEACH, FL 33407	Mailing Address 1115 45TH STREET SUITE 1A WEST PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0875227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VARONIQUE, CAROL V 1115 45TH STREET SUITE 1A WEST PALM BEACH, FL 33407	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VARONIQUE, CAROL V 8665 MARLAMOOORE LANE WEST PALM BEACH, FL 33407
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol Varonique 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #