

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085814

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ALL CARE MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

1115 45TH STREET  
SUITE 1A  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

1115 45TH STREET  
SUITE 1A  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 65-0875227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VARONIQUE, CAROL V  
1115 45TH STREET  
SUITE 1A  
WEST PALM BEACH, FL 33407 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: DP ( ) Delete  
Name: VARONIQUE, CAROL V  
Address: 8665 MARLAMOOORE LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: CAROL V. VARONIQUE

DP

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date