

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101127

FILED
Jan 07, 2009
Secretary of State

Entity Name: MEDCARE SERVICES OF ORLANDO, INC.

Current Principal Place of Business:

794 BIG TREE DRIVE
SUITE 108
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

794 BIG TREE DRIVE
SUITE 108
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3619700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORSEN, ROBERT
794 BIG TREE DRIVE #108
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

NORSEN, ROBERT
794 BIG TREE DRIVE
SUITE 108
LONGWOOD, FL 32750 US

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: ROBERT NORSEN

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NORSEN, JR., ROBERT E MR.
Address: 31 STONE GATE NORTH
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NORSEN, JR., ROBERT E MR.
Address: 794 BIG TREE DRIVE SUITE 108
City-St-Zip: LONGWOOD, FL 32750

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: ROBERT NORSEN

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date