

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000083576

**Entity Name:** MEDICOR HEALTHCARE, INC.

**Current Principal Place of Business:**

3403 W WATERS AVE  
TAMPA, FL 33614

**Current Mailing Address:**

3403 W. WATERS AVE.  
TAMPA, FL 33614

**FEI Number: 88-0516994**

**Certificate of Status Desired:** No

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

ALLEN DELL, PA  
202 S ROME AVE  
TAMPA, FL 33606 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:** GREGORY A. RICHARDS JR

05/01/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DELGADO, MANUEL JR  
Address 3403 W. WATERS AVE.  
City-State-Zip: TAMPA FL 33614

*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:** MANUEL DELGADO

P

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date