## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 253510** Jan 21, 2000 8:00 am Secretary of State 1. Entity Name MEDICORE, INC. 01-21-2000 90128 026 \*\*\*158.75 Principal Place of Business Mailing Address 2337 WEST 76 ST 2337 WEST 76TH ST HIALEAH FL 33016 HIALEAH FL 33016-1842 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0941551 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OUZTS, DANIEL R. Street Address (P.O. Box Number is Not Acceptable) 2337 WEST 76TH ST HIALEAH FL 33016 Zip Code 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition Change PDC ☐ Delete TITLE TITLE NAME LANGEBEIN, THOMAS K NAME STREET ADDRESS STREET ADDRESS 777 TERRACE AVE., #517 CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HEIGHTS NJ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME D'AMORE, ANTHONY C. NAME STREET ADDRESS STREET ADDRESS 777 TERRACE AVE., #517 CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HEIGHTS NJ ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRIEND: SEYMOUR NAME NAME STREET ADDRESS STREET ADDRESS 2337 WEST 76 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Change ■ Addition ☐ Delete TITLE NAME NAME OUZTS, DANIEL R STREET ADDRESS STREET ADDRESS 2337 WEST 76 ST CITY-ST-ZIE CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME JAFFE, LAWRENCE E NAME STREET ADDRESS STREET ADDRESS 777 TERRACE AVE., #517 CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HGT NJ Change X Addition ☐ Delete TITLE Director TITLE NAME NAME FISCHBEIN, PETER D MaGrann, Robert P. STREET ADDRESS STREET ADDRESS 777 TERRACE AVE., #517 777 Terrace Ave., Room 517 CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.