

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90016 035 \*\*\*158.75

UNIFORM BUSINESS REPORT

**DOCUMENT # 253510**

1. Entity Name

**MEDICORE, INC.**

Principal Place of Business

**2337 WEST 76 ST  
HIALEAH FL 33016  
US**

Mailing Address

**2337 WEST 76TH ST  
HIALEAH FL 33016  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0941551**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**OUZTS, DANIEL R.  
2337 WEST 76TH ST  
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC LANGEBEIN, THOMAS K 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D D'AMORE, ANTHONY C. 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FRIEND, SEYMOUR 2337 WEST 76 ST HIALEAH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V OUZTS, DANIEL R 2337 WEST 76 ST HIALEAH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JAFTE, LAWRENCE E 777 TERRACE AVE., #517 HASBROUCK HGT NJ</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FISCHBEIN, PETER D 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LANGBEIN, THOMAS K. Hasbrouck Heights, New Jersey 07604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hasbrouck Heights, New Jersey 07604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hialeah, Florida 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hialeah, Florida 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hasbrouck Heights, New Jersey 07604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hasbrouck Heights, New Jersey 07604</b>

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

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone (305) 558-4000

**Daniel R. Ouzts, Vice President/Finance January 8, 2002**

Date

Daytime Phone #

CR2E034 (9/01)

Medicare, Inc.  
2002 Uniform Business Report  
Federal E. I. Number 59-0941551  
Additions/Changes to Officers and Directors (Continued)

Attachment B

920916  
# 253510

12.ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	D	<u>Change</u>	<u>X</u>
Addition			
Name	Robert Magrann		
Street Address	777 Terrace Ave., Room 517		
City-St-Zip	Hasbrouck Heights, New Jersey 07604		