

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90099 031 ***158.75

REC-31

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0941551** Applied For
Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LANGBEIN, THOMAS K 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ 07604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'AMORE, ANTHONY C. 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ 07604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEND, SEYMOUR 2337 WEST 76 ST HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OUZTS, DANIEL R 2337 WEST 76 ST HIALEAH FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAFFE, LAWRENCE E 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ 07604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHBEIN, PETER D 777 TERRACE AVE., #517 HASBROUCK HEIGHTS NJ 07604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel R. Ouzts* **DANIEL R. OUZTS, Vice President/Treasurer, 3/23/2003 (305) 558-4000**

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

CR2E034 (10/02)

Attachment

80064569

Medicare, Inc.
2003 Florida Uniform Business Report
Federal E. I. Number 59-0941551
Additions/Changes to Officers and Directors

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Robert Magrann	
Street Address	777 Terrace, Room 517	
City-State-Zip	Hasbrouck Heights, NJ 07604	