

# 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

**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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0941551**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PDC** ☐ Delete  
NAME **LANGBEIN, THOMAS K**  
STREET ADDRESS **777 TERRACE AVE., #517**  
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **D'AMORE, ANTHONY C.**  
STREET ADDRESS **777 TERRACE AVE., #517**  
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **FRIEND, SEYMOUR**  
STREET ADDRESS **2337 WEST 76 ST**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **OUZTS, DANIEL R**  
STREET ADDRESS **2337 WEST 76 ST**  
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **VT** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **JAFFE, LAWRENCE E**  
STREET ADDRESS **777 TERRACE AVE., #517**  
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FISCHBEIN, PETER D**  
STREET ADDRESS **777 TERRACE AVE., #517**  
CITY-ST-ZIP **HASBROUCK HEIGHTS NJ 07604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, 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

Medicore, 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	