

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 626766 (0)  
1. Corporation Name  
MEDICARE PATIENT AID CENTERS, INC.



Principal Place of Business	Mailing Address
8595 COLLEGE PARKWAY FT MYERS FL 33919 US	1203 SE 9TH TERRACE 202 CAPE CORAL FL 33990-3051 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. Box 150790		06/20/1979	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 CAPE CORAL FL		52-1156543	
24 Country		29 33915-0790		5. Certificate of Status Desired	
25		30 USA		7 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				8. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				9. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Applied For  
Not Applicable  
\$8.75 Additional  
Fee Required  
\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHAPIRO, SAMUEL 1820 SE 36TH TERRACE CAPE CORAL FL 33904		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SHAPIRO, SAMUEL	1.2 NAME	
STREET ADDRESS	1820 SE 36 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	PALUMBO, NANNETTE	2.2 NAME	
STREET ADDRESS	1021 SW 37TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SHAPIRO, MAE	3.2 NAME	
STREET ADDRESS	1820 SE 36 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Samuel Shapiro* SAMUEL SHAPIRO Y.P. 3/6/98 94-SH-6622

CR2E034 (10/97)