

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000015

FILED
Apr 06, 2007
Secretary of State

Entity Name: MED-CARE MANAGEMENT, INC.

Current Principal Place of Business:

2459 S CONGRESS AVE
202
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

PO BOX 20564
WEST PALM BEACH, FL 334160564

New Mailing Address:

FEI Number: 88-0429522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHENK, RANDALL R
2459 S CONGRESS AVE
202
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMKIN, MARGARET C
Address: 2459 S. CONGRESS #202
City-St-Zip: WEST PALM BEACH, FL 33406

Title: S () Delete
Name: SHENK, RANDALL R
Address: 2459 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V () Delete
Name: OMAN, ALMA
Address: 2459 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V () Delete
Name: SQUIRES, RICHARD
Address: 2459 S CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET C. LEMKIN

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

Date