


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000000015	
1. Entity Name MED-CARE MANAGEMENT, INC.	
	
Principal Place of Business 2459 S CONGRESS AVE 202 WEST PALM BEACH, FL 33406	Mailing Address PO BOX 20564 WEST PALM BEACH, FL 33416-0564



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 88-0429522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMKIN, MARGARET C 2459 S. CONGRESS #202 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHENK, RANDALL R 2459 S CONGRESS AVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OMAN, ALMA 2459 S CONGRESS AVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SQUIRES, RICHARD 2459 S CONGRESS AVE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1000000308705
05/06/08-80040-025-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alma Oman

4/17/08

Date

(561)

966-9901

Daytime Phone #