

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000015

**FILED**  
**Feb 12, 2010**  
**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:**

2090 PALM BEACH LAKES BLVD.  
900  
WEST PALM BEACH, FL 33406

**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:**

SHENK, RANDALL R  
2090 PALM BEACH LAKES BLVD.  
900  
WEST PALM BEACH, FL 33409 US

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

02/12/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEMKIN, MARGARET C  
Address: 2090 PALM BEACH LAKES BLVD, #900  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S  
Name: SHENK, RANDALL R  
Address: 2090 PALM BEACH LAKES BLVD, #900  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: MARGARET C. LEMKIN

PRES

02/12/2010

Electronic Signature of Signing Officer or Director

Date