2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# F01000000015

Entity Name: MED-CARE MANAGEMENT, INC.

Current Principal Place of Business:

2090 PALM BEACH LAKES BLVD.
900
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
2090 PALM BEACH LAKES BLVD.
900
WEST PALM BEACH, FL 33409 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

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 LEMKIN PRES 01/05/2011

Electronic Signature of Signing Officer or Director — Date