## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State DIVISION OF CORPORATIONS

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DOCUI 1. Corporation	MENT # <b>F920</b>	00000474 (8	3)					
NATIO	ONAL PATIENT CARE SYS	STEMS, INC.						
Principal Place	e of Business	Muiling Address			ilo <b>de</b> fat <b>do</b> ini <b>ed</b> nii <b>ed</b> nio <b>e</b> t			
23 EMPIRE BLVD. S. HACKENSACK NJ 07606 US		23 EMPIRE BLVD. S. HACKENSACK NJ I US	07606					
		• •		<ol> <li>Date Incorporated or Qualified</li> <li>12/03/1992</li> </ol>	3a. Date of Last F 06/14/19	,		
2. Principal Pk	ace of Business	2a, Mailing Address		4. FEI Number	L	Applied For		
21		26		22-3281584		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	1 Y	5 Additional Required		
City & State	е	Oity & State		Election Campaign Financing     Trust Fund Contribution		IO May Be ed to Fees		
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	8. This corporation has liability for				
1	9. Name and Address of Cur			10. Name and Address of New	-			
1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes			83 84 City					
SIGNATURE _		ndaroteztajalisen (NO ANO DIRECTORS	lle Bag sterel April signature 13.	ADDITIONS/CHANGES TO OF				
TITLE	EDWARDS CLENN	DELETE	1 1 THLF	Cyathia C. BALBER	ア Change	🔀 Addition		
NAME STREET ADDRESS	EDWARDS, GLENN 23 EMPIRE BLVD.		1.2 NAME 1.3 STREEF ADORESS	23 EMPIRE BIVE				
CHTY-ST-ZIP	S. HACKENSACK NJ		1.4 City-SI-ZiP	S HACKENSACK, N.J.	07/20/2			
TITLE	POWERS, CYNTHIA	☐ DELETE	2 1 THELE	SALAN ROOMBERG 23 EMPIRE BIND S. HACKENSACK NJ	Change	Addition		
STREET ADDRESS	23 EMPIRE BLVD.		2.3 STREET ADORESS	22 Empile Blud				
C-TY-ST-Z-P	S. HACKENSACK NJ		2 4 CITY - \$1 - ZUF	S. HANKENSON NJ	07606			
TITLE	S	<b>ZX</b> DELETE	3 I TITLE	<b>75</b>	Change	Addition		
NAME	KOESTER, THOMAS		3.2 NAME					
STREET ADDRESS	2 <del>3 EMPIRE BLV</del> D.		3.3 STREET ADDRESS					
CITY - ST - ZIP	s <del>. Hackensac</del> k nj		3 4 C(1) - S1 - Z(P					
TIPLE		☐ DELETE	4. 1 TITLE		Change	Addition		
NAME			4.2 NAMÉ	600001R	17466			
STREET ADDRESS			4.3 STHEET ADORESS	6000018 -05/13/9601 ***208,75	006040			
CITY-SI-ZIP TIFLE		☐ OELETE	4.4 CITY - ST - ZIP	***208.7S	Chann	Addison		
NAME			5 1 THTLE		☐ Change	Addition		
STREET ADDRESS			5.2 NAME					
CITY - ST - ZIP			5 3 STREET ADORESS					
TITLE		DELETE	5 4 CiTY - 51 - ZiF 6 1 TiTLE		Change	Addition		
NAME			6 2 NAME		Visings	`\\$∕		
STREET ADDRESS			6 3 STREET ADDRESS			12.1		
CITY-ST-ZIP			6.4 City - St - ZiP			フ		

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14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 trusted enipowered 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: 

SIGNATURE: 

SIGNATURE: 

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Child. 

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