FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90362 006 ***150.00

DOCUMENT # F 94000002661

1. Entity Name
MEDACARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8530 N.W 140 ST		8530 N.W 140 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UNIT 1305		UNIT 1305	
City & State		City & State	
MIAMI LAKES FL.		MIAMI LAKES FL.	
Zip	Country	Zip	Country
33016	USA	33016	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0475313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS D. CARRANZA

Street Address (P.O. Box Number is Not Acceptable)

8530 N.W 140th STREET UNIT 1305

City: MIAMI LAKES FL Zip Code: 33016

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.

SIGNATURE: CARLOS D. CARRANZA 4/25/2002
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD. CARLOS D. CARRANZA 8530 N.W 140th STREET UNIT 1305 MIAMI LAKES FL. 33016	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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13. 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 in Block 11 or on an attachment with an address, title or authority as applicable.

SIGNATURE: CARLOS D. CARRANZA 4/25/2002 305-6986240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR