FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J99434** **(9)**

1. Corporation Name
MED CARE SERVICES, INC.

Principal Place of Business	Mailing Address
15301 ROOSEVELT BLVD SUITE 303 CLEARWATER FL 34620-3561 US	15301 ROOSEVELT BLVD. SUITE 303 CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1987	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2855618	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BARODY, MICHAEL A.
455 N.INDIAN ROCKS RD.
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BARODY, MICHAEL A.	12 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	13 STREET ADDRESS	
CITY ST ZIP	BELLEAIR BLUFFS FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	BUCKLES, WILLIAM G., JR.	22 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS ROAD	23 STREET ADDRESS	
CITY ST ZIP	BELLEAIR BLUFFS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOWE, CARL T.	32 NAME	
STREET ADDRESS	15301 ROOSEVELT BLVD.	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LANDT, TIMOTHY L.	42 NAME	
STREET ADDRESS	15301 ROOSEVELT BLVD.	43 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, HAROLD	52 NAME	
STREET ADDRESS	15301 ROOSEVELT BLVD.	53 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute the 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: _____ 5/23/95 813-536-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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