SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: **10/29/1987**
3a. Date of Last Report: **06/01/1995**

2. Principal Place of Business
21 455 N. Indian Rocks Rd.
Suite, Apt. #, etc.
22
City & State
23 Belleair Bluffs FL
Zip 24 33770 Country 25 Pinellas

2a. Mailing Address
26 455 N. Indian Rocks Rd
Suite, Apt. #, etc.
27
City & State
28 Belleair Bluffs, FL
Zip 29 33770 Country 30 Pinellas

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARODY, MICHAEL A.		1.2 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL		1.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLES, WILLIAM G., JR.		2.2 NAME		
STREET ADDRESS	455 N. INDIAN ROCKS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BLUFFS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LOWE, CARL T.		3.2 NAME	Lowe, Carl T.	
STREET ADDRESS	15301 ROOSEVELT BLVD.		3.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Belleair Bluffs, FL 33779	
TITLE	SD	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	LANDT, TIMOTHY L.		4.2 NAME	Landt, Timothy L.	
STREET ADDRESS	15301 ROOSEVELT BLVD.		4.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, HAROLD		5.2 NAME	Johndrow, Harold Jr.	
STREET ADDRESS	15301 ROOSEVELT BLVD.		5.3 STREET ADDRESS	455 N. Indian Rocks Rd.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6.20.96 813/585.6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #