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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J99434**1. Corporation Name

(9)

MED CARE SERVICES, INC.

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	e of Business	Mailing Address			ı idelile dirə islika janı aldbə kili aldı a		
155 n. Indian i Belleair Blufi		455 N. INDIAN ROCKS RD BELLEAIR BLUFFS FL 337					
JS		US			3. Date Incorporated or Qualified 10/29/1987	3a. Date of Last I 06/25/1996	Report
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
1		26			59-2855618		lot Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	0	City & State			6 Steeling Open size Size asize		<u> </u>
3	er .	28			Election Campaign Financing Trust Fund Contribution) May Be I to Fees
Zip	Country	Zip	Countr	У	B. This corporation has liability for i		
\$	25	29	30	-		Yes No	
<u></u>	9. Name and Address of Currer				10. Name and Address of New Re	glatered Agent	
BAR	ODY, MICHAEL A.		8.	Name			
	N.INDIAN ROCKS RD.		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	····
BELL	EAIR BLUFFS FL 34840 337	776	"	Si bii bii rido	Total (1 .O. DOX Maribar to Mot Moopido		
-			8:	3			
			84	City		85 Zip	Code
			0"	City		FL S Z	Code
SIGNATURE	Signature hyped or printed name of registered age	ent and title if applicable (NC	TE: Rea stered A	neot signature regi		DATE	
				go 11 41g/1,11151 0 1 0 40			
2.		D DIRECTORS	13.	, , , , , , , , , , , , , , , , , , , ,	ADDITIONS/CHANGES TO OFFIC		
	PD						
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4. I do hereby certify that the information supplied with this filing 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 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 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.585.6333