


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K10439 1. Entity Name MED-CARE HOME HEALTH SERVICES, INC.	
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Principal Place of Business 600 WEST 20TH STREET HIALEAH, FL 33010 US	Mailing Address 590 WEST 20 STREET HIALEAH, FL 33010 US
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01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0027047	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BRACERAS, WILFREDO 590 W 20TH ST HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD BRACERAS, WILFREDO 590 W 20TH ST HIALEAH, FL
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04/29/06-80180-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfredo Braceras PRESIDENT 04/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #