

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037030

Entity Name: MED-CARE SUPPLIES LLC

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

57 NE THIRD AVE.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

57 NE THIRD AVE.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRGIS, AKRAM
57 NE THIRD AVE.
DEERFIELD BEACH, FL 33441

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HANNA, ADEL
Address: 124 SPLIT OAK DR.
City-St-Zip: E. NORWICH, NY 11732

Title: MGR () Delete
Name: GIRCIS, AKRAM
Address: 10932 BAL HARBOR DR.
City-St-Zip: BOCA RATON, FL 33498

Title: MGR () Delete
Name: CIRGIS, AMGAD
Address: 10885 BAL HARBOR DR.
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AKRAM GIRGIS

MGR

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date