

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64247** (4)

1. Corporation Name:

MEDIC CARE HEALTH SYSTEMS, INCORPORATED

Principal Place of Business

% **ALGIRDAS F. KASPAR**
6801 GULFPORT BLVD. S.
SOUTH PASADENA FL 33707

Mailing Address

% **ALGIRDAS F. KASPAR**
6801 GULFPORT BLVD. S.
SOUTH PASADENA FL 33707



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KASPAR, ALGIRDAS, FL
6801 GULF PORT BLVD., SOUTH
SOUTH PASADENA FL 33707

3. Date of Incorporation or Qualified

04/06/1990

3a. Date of Last Report

04/17/1995

4. FCI Number

59-3016216

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. 193.032, Florida Statutes

☒ Yes ☐ No

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 607.0502, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D KASPAR, ALGIRDAS**
STREET ADDRESS **6801 GULFPORT BLVD S**
CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ DELETE
NAME **D KASPAR, JUDITH M.**
STREET ADDRESS **6801 GULFPORT BLVD S**
CITY-ST-ZIP **SOUTH PASADENA FL**

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: **Algirdas F. Kaspar**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALGIRDAS F. KASPAR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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