

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90067 036 ***150.00

DOCUMENT # L64247

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1990

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Algirdas F. Kaspar

ALGIRDAS F. KASPAR

2/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~

TITLE ☐ DELETE

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CITY-ST-ZIP~~

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STREET ADDRESS
CITY-ST-ZIP~~

TITLE ☐ DELETE

~~TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Algirdas F. Kaspar
ALGIRDAS F. KASPAR

2/12/99

(727) 347-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0408285