

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L64247

FILED
Feb 18, 2012
Secretary of State

Entity Name: MEDIC CARE HEALTH SYSTEMS, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

% ALGIRDAS F. KASPAR
6801 GULFPORT BLVD., S.; SUITE 6
SOUTH PASADENA, FL 33707

Current Mailing Address:

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

New Mailing Address:

% ALGIRDAS F. KASPAR
6801 GULFPORT BLVD., S.; SUITE 6
SOUTH PASADENA, FL 33707

FEI Number: 59-3016216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KASPAR, ALGIRDAS, F.
6801 GULF PORT BLVD., S.; SUITE 6
SOUTH PASADENA, FL 33707 US

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: ALGIRDAS F. KASPAR

02/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KASPAR, ALGIRDAS F.
Address: 6801 GULFPORT BLVD S.; SUITE 6
City-St-Zip: SOUTH PASADENA, FL 33707 US

Title: D
Name: KASPAR, JUDITH M.
Address: 6801 GULFPORT BLVD S.; SUITE 6
City-St-Zip: SOUTH PASADENA, FL 33707 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALGIRDAS F. KASPAR

PRES

02/18/2012

Electronic Signature of Signing Officer or Director

Date