

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 # **L89149** (3)

1. Corporation Name

MED-CARE INFUSION SERVICES, INC.



Principal Place of Business

**1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

Mailing Address

**1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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

9. Name and Address of Current Registered Agent

**PUJOLS, JOSE R
2701 S.W. LEJEUNE ROAD
SUITE 410
MIAMI FL 33134**

81

Name

WILFRED BRACERAS

82

Street Address (P.O. Box Number is Not Acceptable)

590 WEST 20TH ST.

83

84

City

MIAMI

FL

85

Zip Code

33010

3. Date Incorporated or Qualified
07/18/1990

3a. Date of Last Report
04/24/1995

4. FEI Number

65-0208178

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.042,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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

Wilfred Braceras

Date: **04/26/96**

12. OFFICERS AND DIRECTORS

TITLE

PO

☐ DELETE

NAME

BRACERAS, WILFRED

STREET ADDRESS

1200 PONCE DE LEON BLVD.

CITY - ST - ZIP

CORAL GABLES FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

POST

☒ Change ☐ Addition

2. NAME

BRACERAS, WILFRED

3. STREET ADDRESS

590 WEST 20TH STREET

4. CITY - ST - ZIP

MIAMI, FL 33010

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

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11. STREET ADDRESS

12. CITY - ST - ZIP

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