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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L89149

(3)

MED-CARE INFUSION SERVICES, INC.

FILED May 08 1997 8:00am Secretary of State



Principal Place 1200 PONCE I CORAL GABLE	DE LEON BLVD.		ling Address O PONCE DE LEON BLVD. PAL GABLES FL 33134-3323		3. Date Incorporated or Qualified 3a. Date of Last Report			
					3. Date Incorporated or Qualified 07/18/1990	3a. De	ite of Last 01/1996	Report
2. Principat P	face of Business	2a. Mailing Address 26 590 West	20th	Strut	4, FEI Number 65-0208178	,	1/	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	~~ .,,	<i></i>	5. Certificate of Status Desired	Ø	\$8.75	Additional Regulred
City & Stat	ē	27 City A State	FO		6. Election Campaign Financing	~	\$5.0	0 May Be
23 ∫ Zip	Country	28 101 2021	Cour	itry .	Trust Fund Contribution			to Fees
24	25	33010	30 2	all	8. This corporation has liability for Florida Statutes	igiangibie Yes [tax under ∐No	8, 199.032,
	g, Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re			
	FRED, BRACERAS			Name				
590 WEST 20TH STREET			ļ	82 Street Add	Address (P.O. Box Number is Not Acceptable)			
	TE 410],	B3				
HIA	LEAH FL 33010		[
			Ţ.	B4 City		FL	85 Zip	Code
SIGNATURE	Signature, type dior printed name of registered				poration submits this statement for the ption's board of directors. I hereby acception's hereby acception and the properties of the proper	DATE		
TITLE	POST	DELETE	1.1 101	.E.	ADDITIONS/CHANGES TO OFFIC	ENS ANL	Change	
NAME	BRACERAS, WILFRED	_	1.2 NA	AE			•	
STREET ADDRESS	590 WEST 20TH STREET		1.3 STF	REET ADDRESS				
CITY-ST-ZIF	HIALEAH FL			Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
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NAME			2.2 NA	1				
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CITY - \$1 - ZIP TITUE		DELETE	2. 4 CH	Y-ST-ZIP E			Change	Addition
NAME		the court	3.2 NAI	-				
STREET ADDRESS			1	REET ADDRESS				
C(TY+\$1-7)P			3 4. CI	Y-\$1-ZIP				
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NAME			4. 2 NA					
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CITY+S1-ZIP TITLE		☐ DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP			Change	Addition
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STREET ADDRESS			•	REET ADDRESS			•••	
CITY-ST-ZIP				Y-ST-ZIP				
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NAME			6.2 NA	ME				
STREET ADDRESS			6.3 \$11	REET ADDRESS	•			
CHTY-ST-ZP			6.4 CIT	Y-ST-ZIP				

14. I do hereby certily 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 addre

SIGNATURE:

0103057