


FILED

May 08 1997 8:00am
Secretary of State

<p align="center">PROFIT CORPORATION ANNUAL REPORT 1997</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>														
<p>DOCUMENT # L89149 (3)</p>																
<p>1. Corporation Name MED-CARE INFUSION SERVICES, INC.</p>																
<p>Principal Place of Business 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134</p>		<p>Mailing Address 1200 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3323</p>														
<p>2. Principal Place of Business</p> <p>21 Suite, Apt. #, etc.</p> <p>22 City & State</p> <p>23 Zip</p> <p>24 Country</p>		<p>2a. Mailing Address</p> <p>26 590 West 20th Street</p> <p>27 Suite, Apt. #, etc.</p> <p>28 City & State</p> <p>29 Zip</p> <p>30 Country</p>														
<p>9. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">WILFRED, BRACERAS</td> <td style="width: 20%;">81 Name</td> </tr> <tr> <td>590 WEST 20TH STREET</td> <td>82 Street Address</td> </tr> <tr> <td>SUITE 410</td> <td>83</td> </tr> <tr> <td>HIALEAH FL 33010</td> <td>84 City</td> </tr> </table>			WILFRED, BRACERAS	81 Name	590 WEST 20TH STREET	82 Street Address	SUITE 410	83	HIALEAH FL 33010	84 City						
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<p>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</p>																
<p>SIGNATURE</p> <p align="center">Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</p>																
<p align="center">12. OFFICERS AND DIRECTORS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="width: 30%; text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> <tr> <td> <p>POST</p> <p>BRACERAS, WILFRED</p> <p>590 WEST 20TH STREET</p> <p>HIALEAH FL</p> </td> <td></td> </tr> <tr> <td> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> <tr> <td> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> <tr> <td> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> <tr> <td> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> <tr> <td> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p> </td> <td style="text-align: center;"> <p><input type="checkbox"/> DELETE</p> </td> </tr> </table>			<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>POST</p> <p>BRACERAS, WILFRED</p> <p>590 WEST 20TH STREET</p> <p>HIALEAH FL</p>		<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>	<p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY - ST - ZIP</p>	<p><input type="checkbox"/> DELETE</p>
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<p>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.</p>																
<p>SIGNATURE: <i>Wilfred Braceras</i></p> <p align="center">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																



CR2E034 (9/96)