

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90363 043 ***158.75

DOCUMENT # L89149

1. Entity Name

MED-CARE INFUSION SERVICES, INC.



Principal Place of Business

**MED-CARE INFUSION SERVICES
590 WEST 20 STREET
HIALEAH FL 33010**

Mailing Address

**590 WEST 20TH STREET
HEALIAH FL 33010
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0208178**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILFRED, BRACERAS
590 WEST 20TH STREET
SUITE 410
HIALEAH FL 33010**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME BRACERAS, WILFRED
STREET ADDRESS 590 WEST 20TH STREET
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilfred Bracer

WILFRED BRACERAS 04/27/04 (305)863-8860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT