

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003373 (6)

1. Corporation Name

MEDICORP HOME HEALTH CARE SERVICES, INC.



Principal Place of Business

800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

Mailing Address

800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

3. Date Incorporated or Qualified
07/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

3411 NW 9TH AV

65-0607926

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

703

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

OAKLAND PARK

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33309

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDOZO, BEVERLY D
800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
CARDZO, BEVERLY D
800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILBURN, LECRESHA
800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
DASHER, SOPHIA W
800 W OAKLAND PARK BLVD
WILTON MANORS FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS
3411 NW 9th Av, Suite 703
Oakland Park, Fl 33309

14 CITY - ST - ZIP ☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS
3411 NW 9th Av, Suite 703
Oakland Park, Fl 33309

24 CITY - ST - ZIP ☒ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS
3411 NW 9th Av, Suite 703
Oakland Park, FL 33309

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

954-537-4141

Daytime Phone

05/7/8/96

CR2E037 (12/95)