

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058731

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** MEDICORE MEDICAL SUPPLY, INC.

**Current Principal Place of Business:**

2337 WEST 76TH STREET  
HIALEAH, FL 33016

**New Principal Place of Business:**

777 TERRACE AVENUE  
503  
HASBROUCK HEIGHTS, NJ 07604

**Current Mailing Address:**

2337 WEST 76TH STREET  
HIALEAH, FL 33016

**New Mailing Address:**

777 TERRACE AVENUE  
503  
HASBROUCK HEIGHTS, NJ 07604

**FEI Number:** 27-0524729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAFFE, LAWRENCE E ESQ.  
2337 WEST 76TH STREET  
HIALEAH, FL 33016 US

**Name and Address of New Registered Agent:**

JAFFE, LAWRENCE E ESQ.  
2040 NE 163RD STREET  
309  
N MIAMI BEACH, FL 33162 US

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.

SIGNATURE:

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: LANGBEIN, THOMAS K  
Address: 777 TERRACE AVENUE, SUITE 503  
City-St-Zip: HASBROUCK HEIGHTS, NJ 07604

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS K LANGBEIN

P/D

04/28/2011

Electronic Signature of Signing Officer or Director

Date