

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34742 (7)

1. Corporation Name

MED-CARE SALES AND RENTALS, INC.

Principal Place of Business

1255 25TH ST PLACE SE
P. O. BOX 1635
HICKORY NC 28602

Mailing Address

1255 25TH ST PLACE SE
P. O. BOX 1635
HICKORY NC 28602



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/15/1991

3a. Date of Last Report

04/14/1995

4. FEI Number

56-1071573

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(If applicable) Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
PDT
BEAVER, DONALD C.
STREET ADDRESS
1331 4TH ST. DR. N.W.
CITY - ST - ZIP
HICKORY NC

TITLE ☒ DELETE

NAME
VD
FRANK, RICHARD E., JR.
STREET ADDRESS
1255 25 ST PL SE
CITY - ST - ZIP
HICKORY NC

TITLE ☒ DELETE

NAME
S
FISHER, EVANS W.
STREET ADDRESS
1331 4TH ST. DR. N.W.
CITY - ST - ZIP
HICKORY NC

TITLE ☒ DELETE

NAME
VSD
DAVIS, TOM I., II
STREET ADDRESS
1331 4TH ST. DR. N.W.
CITY - ST - ZIP
HICKORY NC

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

1.1 TITLE ☒ Change ☐ Addition

NAME
John D. Lee, III
1331 4th Street Drive, N.W.
13.3 STREET ADDRESS
Hickory, North Carolina 28601
14.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME
Vice President
C. William Frank
15415 Katy Freeway, Suite 800
23.3 STREET ADDRESS
Houston, Texas 77094
24.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

NAME
Secretary
Sydney K. Boone, Jr.
15415 Katy Freeway, Suite 800
33.3 STREET ADDRESS
Houston, Texas 77094
34.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME
Director
Edward L. Kuntz
15415 Katy Freeway, Suite 800
43.3 STREET ADDRESS
Houston, Texas 77094
44.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME
Director
Leroy D. Williams
15415 Katy Freeway, Suite 800
53.3 STREET ADDRESS
Houston, Texas 77094
54.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

[Signature]

John D. Lee, III, President

4/1/96

(704) 322-3362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)