

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044388 (5)

1. Corporation Name

MED-CARE CONCEPTS, INC.

Principal Place of Business

1543 LAKELAND HILLS BLVD.
LAKELAND FL 33805

Mailing Address

1543 LAKELAND HILLS BLVD.
LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3192918

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. 190.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 6700 S. Florida Ave

2a. Mailing Address

26 6700 S. Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #12

27 #12

City & State

City & State

23 LAKeland, FL

28 LAKeland, FL

Zip

Country

Zip

Country

24 33813

25 USA

29 33813

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPIEGEL, LAWRENCE J
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CRAIG, PAULINE M
STREET ADDRESS	6317 TOCOBEGA DR
CITY - ST - ZIP	LAKELAND FL
TITLE	ST
NAME	DWYER, JUDITH A
STREET ADDRESS	305 WHEELER WOODS CT
CITY - ST - ZIP	BRANDON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

Judith A. Dwyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (813) 644-7881