

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 3-19-96

DIVISION OF CORPORATIONS

DOCUMENT # P94000028899 (0)

1. Corporation Name

MEDCARE SOFTWARE AND SOLUTIONS, INC.



Principal Place of Business

Mailing Address

740 S. FEDERAL HWY
SUITE 417
POMPANO BEACH FL 33062

740 S. FEDERAL HWY
SUITE 417
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 106 Jo Anne Circle

26 106 Jo Anne Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Cary, NC

28 Cary, NC

24 Zip

25 Country

29 Zip

30 Country

27513

USA

27513

USA

4. FEI Number

65-0488237

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAGG, GARRETT W.
1701 W HILLSBORO BLVD
#305
DEERFIELD BEACH FL 33442

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 reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BRAGG, GARRETT
STREET ADDRESS 1701 W. HILLSBOR BLVD #305
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE PD
NAME LUSHBAUGH, DEVIN
STREET ADDRESS 740 S. FEDERAL HWY #401
CITY-ST-ZIP POMPANO BEACH FL

TITLE Treasurer
NAME Denise Barber
STREET ADDRESS 740 S. Federal Highway, Suite 417
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Devin Lushbaugh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 919 481 9948

Date

Daytime Phone #

CR2E034 (12/95)