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FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000028899 (0)

1. Corporation Name

MEDCARE SOFTWARE AND SOLUTIONS, INC.



Principal Place of Business

Mailing Address

106 JOANNE CIRCLE
CARY NC 27513
US

106 JOANNE CIRCLE
CARY NC 27513-5234
US

2. Principal Place of Business

2a. Mailing Address

21 2713 Rosedale Ave.

26 2713 Rosedale Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Raleigh, NC

28 Raleigh, NC

Zip

Country

Zip

Country

29 USA

30 27607

31 USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE

11 TITLE ☐ Change ☐ Addition

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

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE P ☐ DELETE

21 TITLE ☒ Change ☐ Addition

NAME LUSHBAUGH, DEVIN
STREET ADDRESS 106 JOANNE CIRCLE
CITY-ST-ZIP CARY NC

22 NAME Lushbaugh, Devin
23 STREET ADDRESS 2713 Rosedale Ave.
24 CITY-ST-ZIP Raleigh, NC 27607

TITLE ☐ DELETE

31 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME Treasurer
33 STREET ADDRESS barber, Denise
34 CITY-ST-ZIP 740 S. Federal Highway, Suite 417
Pompano Beach, FL 33062

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: [Signature] 9/1/97

9/18/97

CR2E034 (9/96)