FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000062814 (6)**

1. Corporate Name

DCA MEDICAL SERVICES, INC.

Principal Place of Business

2337 WEST 76TH STREET
HIALEAH FL 33016

Mailing Address

2337 WEST 76TH STREET
HIALEAH FL 33016

3. Date Incorporated or Qualified: **08/22/1994**

3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-3269790** ☐ 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 Included in Parent Consolidated Return

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

OUZTS, DANIEL R
% MEDICORE, INC.
2337 WEST 76TH STREET
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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 607.0404 and 607.1505, 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	CEO D ☒ Change ☐ Addition
NAME	LANGBEIN, THOMAS K	1.2 NAME	Langbein, Thomas K.
STREET ADDRESS	777 TERRACE AVE.	1.3 STREET ADDRESS	777 Terrace Ave.
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07604	1.4 CITY-ST-ZIP	Hasbrouck Heights, NJ 07604
TITLE	D ☐ DELETE	2.1 TITLE	P D ☒ Change ☐ Addition
NAME	PELSTRING, BART	2.2 NAME	Pelstring, Bart
STREET ADDRESS	402 MARVEL COURT	2.3 STREET ADDRESS	402 Marvel Court
CITY-ST-ZIP	EASTON MD 21601	2.4 CITY-ST-ZIP	Easton, MD 21601
TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	Jaffe, Lawrence E.
STREET ADDRESS		3.3 STREET ADDRESS	777 Terrace Ave. Room 517
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Hasbrouck Heights, NJ
TITLE	☐ DELETE	4.1 TITLE	T ☐ Change ☒ Addition
NAME		4.2 NAME	Ouzts, Daniel R.
STREET ADDRESS		4.3 STREET ADDRESS	2337 West 76 th St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hialeah FL 33016
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Daniel R. Ouzts 11/7/96 (305) 558-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #