

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90017 046 ***158.75

DOCUMENT # P94000062814

1. Entity Name
DCA MEDICAL SERVICES, INC.

Principal Place of Business

**27 MILLER ST
 LEMOYNE PA 17043
 US**

Mailing Address

**2337 WEST 76TH STREET
 HIALEAH FL 33016**

906954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LEMOYNE, PA 17043

City & State

4. FEI Number **59-3269790**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CEOD**
 STREET ADDRESS **LANGBEIN, THOMAS K**
 CITY-ST-ZIP **777 TERRACE AVE.
 HASBROUCK HEIGHTS NJ**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Hasbrouck Heights, New Jersey 07604**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PELSTRING, BART**
 CITY-ST-ZIP **402 MARVEL COURT
 EASTON MD**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Easton, Maryland 21601**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **JAFFE, LAWRENCE E.**
 CITY-ST-ZIP **777 TERRACE AVENUE
 HASBROUCK HEIGHTS NJ**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Hasbrouck Heights, New Jersey 07604**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **OUZTS, DANIEL R.**
 CITY-ST-ZIP **2337 WEST 76TH STREET
 HIALEAH FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **Hialeah, Florida 33016**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **EVERETTE, STEPHEN**
 CITY-ST-ZIP **27 MILLER STREET SUITE 2
 LEMOYNE PA 17063**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **EVERETT, STEPHEN
 1344 Ashton Road, Suite 201
 Hanover, MD 21076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel R. Ouzts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Ouzts, Treasurer

Telephone (305) 558-4000

January 8, 2002

Date

Daytime Phone #

CR2E034 (9/01)