

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90005 042 ***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**

54056059



03192003 Chg-P CR2E034 (10/03)

4. FEI Number
59-3269790

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
LANGBEIN, THOMAS K
777 TERRACE AVE.
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PELSTRING, BART
402 MARVEL COURT
EASTON, MD 21601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JAFJE, LAWRENCE E.
777 TERRACE AVENUE-
HASBROUCK HEIGHTS, NJ 07604** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
OUZTS, DANIEL R.
2337 WEST 76TH STREET
HIALEAH, FL 33016** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EVERETT, STEPHEN
1344 ASHTON ROAD STE 201
HANOVER, MD 21076** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Daniel R. Ouzts, Treasurer 5/25/2004 (305) 558-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #