
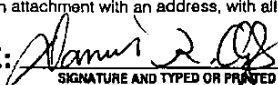


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90094 024 \*\*\*158.75

<b>DOCUMENT # P94000062814</b> 1. Entity Name <b>DCA MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>27 MILLER ST LEMOYNE, PA 17043 US</b>			Mailing Address <b>2337 WEST 76TH STREET HIALEAH, FL 33016</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3269790</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>OUZTS, DANIEL R. % MEDICORE, INC. 2337 WEST 76TH STREET HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGBEIN, THOMAS K 777 TERRACE AVE. HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Langbein, Thomas K. 777 Terrace Ave., Room 517 Hasbrouck Heights, NJ 07604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELSTRING, BART 402 MARVEL COURT EASTON, MD 21601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAFKE, LAWRENCE E. 777 TERRACE AVENUE HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jaffe, Lawrence E. 777 Terrace Ave., Room 517 Hasbrouck Heights, NJ 07604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OUZTS, DANIEL R. 2337 WEST 76TH STREET HIALEAH, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERETT, STEPHEN 1344 ASHTON ROAD STE 201 HANOVER, MD 21076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Everett, Stephen 1302 Concourse Drive, Suite 204 Linthicum, Maryland 21090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>Daniel R. Ouzts, Treasurer 2/15/2005 (305) 558-4000</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**50022077**



01142005 Chg-P CR2E034 (10/03)