

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P 95000000763

1. Corporation Name

MEDICORP, INC.

Principal Place of Business

Mailing Address

**12864 Biscayne Boulevard, No. 104
North Miami, Florida 33181**

3. Date Incorporated or Qualified

1/3/95

3a. Date of Last Report

4. FEI Number

65-0543335

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. **Same**

26. **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Country

9. Name and Address of Current Registered Agent

**Carlos Benitez
12864 Biscayne Boulevard, No. 104
North Miami, Florida 33181**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

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 block if applicable

NOTE: Registered Agent signature required with incorporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

President

☐ Change ☒ Addition

2. NAME

Carlos Benitez

3. STREET ADDRESS

12864 Biscayne Boulevard, No. 104

4. CITY- ST- ZIP

North Miami, Florida 33181

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

800001776168

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*****200.00**

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, changed, or on an attachment with an address.

SIGNATURE:

Carlos Benitez

CARLOS BENITEZ

4/1/96

(305) 897-0209

CR2E034 (12/95)