

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90226 005 ***150.00

DOCUMENT # P95000060470

1. Corporation Name
MEDCARE MEDICAL SUPPLY, INC.



Principal Place of Business
260 S MILITARY TR
DEERFIELD BCH FL 33442
US

Mailing Address
260 S MILITARY TR
DEERFIELD BCH FL 33442
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number
65-0600908

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5243 Deerhurst crescent cir.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 4692
Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

Zip Country
24 33486 25 USA

City & State

28 Deerfield Beach, FL

Zip Country
29 33442 30 USA

9. Name and Address of Current Registered Agent

FROST, ROBERT W
5243 DEERHURST CRESENT CIRCLE
BOCA RATON FL 33486

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 607.0502 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 title if applicable. (NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FROST, ROBERT W
STREET ADDRESS 260 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VP ☐ DELETE

NAME FROST, DIANE
STREET ADDRESS 260 SOUTH MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Frost, Robert W

1.3 STREET ADDRESS 5243 Deerhurst crescent cir.

1.4 CITY-ST-ZIP Boca Raton, FL 33486

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME Frost, Diane

2.3 STREET ADDRESS 260 SOUTH MILITARY TRAIL

2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0346606