

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 90234 048 \*\*\*150.00

DOCUMENT # P96000084775

1. Corporation Name  
MED CORE ASSOCIATES INC

Principal Place of Business  
715 NW 42ND PLACE  
SUITE 10  
POMPANO BEACH FL 33064  
US

Mailing Address  
715 NW 42ND PLACE  
SUITE 10  
POMPANO BEACH FL 33064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/10/1996

4. FEI Number  
65-0708559

Applied For  
Not Applicable

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

6. Election Campaign Financing ☐ \$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

2a. Mailing Address

21 6047 Kimberly Hill

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 B.

27

23 N. Lauderdale, FL

28

24 33068

29

25 Broward

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILBURN, LECRESHA  
5720 LAKESIDE DR #609  
MARGATE FL 33063

81 Name LECRESHA WILBURN  
82 Street Address (P.O. Box Number is Not Acceptable)  
715 NW 42nd Pl  
83 Pompano Beach,  
84 City FL 85 Zip Code 33064

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. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME WILBURN, LECRESHA  
STREET ADDRESS 6045 KIMBERLY BLVD, APT C  
CITY-STATE-ZIP N LAUDERDALE FL 33068

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE DV  
NAME WONG, BEVERLY  
STREET ADDRESS 5862 KELSEY LN  
CITY-STATE-ZIP TAMARAC FL 33321

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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: *Leesha Wilburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 954-968-3939  
Date Daytime Phone #

CR2E034 (11/98)

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