

4-14-97 B-4485 C
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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P97000000443 (6)

1. Corporation Name

MED-CARE SUPPLY, INC.



Principal Place of Business

3800 SOUTH OCEAN DRIVE, SUITE G5
HOLLYWOOD FL 33009

Mailing Address

3800 SOUTH OCEAN DRIVE, SUITE G5
HOLLYWOOD FL 33019-2827

2. Principal Place of Business

21 3400 GALT OCEAN DRIVE

2a. Mailing Address

26 3400 GALT OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1903 SOUTH

27 SUITE 1903 SOUTH

City & State

City & State

23 FT LAUDERDALE FL

28 FT LAUDERDALE FL

Zip

24 33308

Country

25 USA

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

TARPEY, VICTORIA
3800 SOUTH OCEAN DRIVE, SUITE G5
HOLLYWOOD FL 33009

3. Date Incorporated or Qualified

12/20/1996

3a. Date of Last Report

4. FEI Number

65-0717023

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

TARPEY, VICTORIA

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

3400 GALT OCEAN DRIVE

83

SUITE 1903 SOUTH

84 City

FT LAUDERDALE

FL

85 Zip Code

33308

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

Victoria Tarpey

(NOTE: Registered Agent signature required when reinstating)

4/4/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
TARPEY, VICTORIA
STREET ADDRESS
3400 GALT OCEAN DRIVE
CITY-ST-ZIP
FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

D
NAME
TARPEY, RONALD
STREET ADDRESS
3400 GALT OCEAN DRIVE
CITY-ST-ZIP
FORT LAUDERDALE FL 33308

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D
1.2 NAME
TARPEY, VICTORIA
1.3 STREET ADDRESS
3400 GALT OCEAN DRIVE SUITE 1903 SOUTH
1.4 CITY-ST-ZIP
FORT LAUDERDALE FL 33308

2.1 TITLE ☐ Change ☐ Addition

D
2.2 NAME
TARPEY, RONALD
2.3 STREET ADDRESS
3400 GALT OCEAN DRIVE SUITE 1903 SOUTH
2.4 CITY-ST-ZIP
FORT LAUDERDALE FL 33308

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 do 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.

SIGNATURE:

Victoria Tarpey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 (95A) 521-1364
Date Daytime Phone # 0001001

CR2E034 (9/96)