

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90041 019 ***150.00

DOCUMENT # P97000000443

1. Corporation Name
MED-CARE SUPPLY, INC.

Principal Place of Business

3800 S OCEAN DR #G-5
HOLLYWOOD FL 33019
US

Mailing Address

3400 GALT OCEAN DR
STE 1903 S
FT LAUDERDALE FL 33308
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1996

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

2. Principal Place of Business

3320 NE 34 STREET

2a. Mailing Address

26 3400 Galt Ocean Dr.

Suite, Apt. #, etc.

FT. LAUDERDALE

Suite, Apt. #, etc.

27 STE 1903-S

City & State

FLORIDA, 33308

City & State

28 Ft. Lauderdale

Zip

Country

25

Zip

29 33308

Country

30

FL.

9. Name and Address of Current Registered Agent

TARPEY, VICTORIA
2400 GALT OCEAN DR
STE 1903 S
FT LAUDERDALE FL 33308

TARPEY, VICTORIA
3400 GALT OCEAN DR.
STE. 1903 S.
FT. LAUDERDALE FL.
33308

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 VICTORIA TARPEY-PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE
D
TARPEY, VICTORIA
1.2 NAME
3400 GALT OCEAN DR STE 1903 S
1.3 STREET ADDRESS
FORT LAUDERDALE FL
1.4 CITY-ST-ZIP

2.1 TITLE ☐ DELETE
D
TARPEY, RONALD
2.2 NAME
3400 GALT OCEAN DR STE 1903 S
2.3 STREET ADDRESS
FORT LAUDERDALE FL
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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: VICTORIA TARPEY - PRESIDENT
Signature, typed or printed name of signing officer or director

1/11/99 954-564-5616
Date Daytime Phone #

CR2E034 (11/98)