2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
DEC 12 AM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000443

1. Entity Name
MED-CARE SUPPLY, INC.

Principal Place of Business	Mailing Address
3320 N. EAST 34TH STREET FT. LAUDERDALE, FL 33308 US	3320 N. EAST 34TH STREET FT. LAUDERDALE, FL 33308 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0717023 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARPEY, VICTORIA 3320 N. EAST 34TH STREET FT. LAUDERDALE, FL 33308 Brian Richman 12/11/03	Name: Brian Richman Street Address (P.O. Box Number is Not Acceptable): 3320 N.E. 34th St. City: Fort Lauderdale FL Zip Code: 33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 12/9/02
Signature (typed or printed) name of Registered Agent and title if applicable — INDIV. Registered Agent signature required when resigning — DATE

FILE NOW! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARPEY, VICTORIA 20 HARDSCRABBLE ROAD SHERMAN, CT 06784 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Brian Richman 3320 NE 34th St. Fort Lauderdale, FL 33308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Kirk Bradley 3320 NE 34th St. Fort Lauderdale, FL 33308 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900025465715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12/09/03 (954) 564 5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian Richman 12/11/03

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 355784 9643A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 61.25

ORDER DATE : December 11, 2003

ORDER TIME : 11:32 AM

ORDER NO. : 355784-005

CUSTOMER NO: 9643A

CUSTOMER: Richard C. Bulman, Jr., Esq
Sachs, Sax & Klein, P.a.
Suite 4150
301 Yamato Road
Boca Raton, FL 33431

RECEIVED
03 DEC 12 PM 2:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MED-CARE SUPPLY, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____