

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000107891 (8)

1. Corporation Name

TACARE MEDICAL, INC.



Principal Place of Business

2400 WEST 84TH STREET #15
HIALEAH FL 33016

Mailing Address

2400 WEST 84TH STREET #15
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

65-0801995

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc. #15

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc. #15

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

METSCH, BENJAMIN R
19 WEST FLAGLER STREET
SUITE 416
MIAMI FL 33130

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SPO ☐ DELETE

NAME CAMPOS, THOMAS A

STREET ADDRESS 2400 WEST 84TH STREET #15

CITY-ST-ZIP HIALEAH FL 33016

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

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

500002623473

-08/24/98--01123--010

***150.00

PE
819

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.

SIGNATURE

Thomas A. Campos

300-361-9090

CR2E034 (5/98)

TACARE MEDICAL, INC.

2400 WEST 84TH. STREET
SUITE 15
HIALEAH, FLORIDA 33016

Telephone (305) 384-9090
Fax (305) 384-9091

July 20, 1998.

Florida Department of State
Division of Corporations
P.O.Box 1500
Tallahassee Fl. 32302

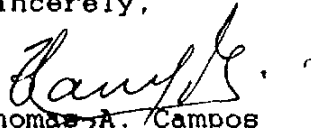
Gentlemen:

Enclosed please find our Annual Report for year 1998 properly signed and our ck for \$150.00 . As you see, we have corrected the Suite number from 5 to 15, and this is the reason why we did not receive the first notice when mailed.

This is a new business opened at this address and evidently the mail carrier did not delivered the First Notice when mailed by you, which evidently would have been returned to you in a timely manner.

We apologize for any inconvenience this may have caused and respectfully request to abate the additional fee imposed.

Sincerely,


Thomas A. Campos

TAC/cc
#318