

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023183

FILED
Jul 01, 2004
Secretary of State

Entity Name: MED-CARE PHARMACY INC.

Current Principal Place of Business:

65 N.E. 3RD AVE.
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

65 N.E. 3RD AVE.
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0903551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRGIS, AMGAD
6601 LYONS ROAD, SUITE F-6
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

GIRGIS, AMGAD
65 NE 3RD AVE.
DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: AMGAD GIRGIS

07/01/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIRGIS, AMGAD
Address: 10885 BAL HARBOR DR.
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: GIRGIS, NERMEEN
Address: 10885 BAL HARBOR DR.
City-St-Zip: BOCA RATON, FL 33498

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GIRGIS, AKRAM
Address: 9612 SAVONA WINDS DR
City-St-Zip: DELRAY BEACH, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AKRAM GIRGIS

DR

07/01/2004

Electronic Signature of Signing Officer or Director

Date