

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023183

Entity Name: MED-CARE PHARMACY INC.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

3300 SW 15TH ST.  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

3300 SW 15TH ST  
DEERFIELD BEACH, FL 33442

## 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  
3300 SW 15TH ST  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIRGIS, AMGAD  
Address: 9524 SAVONA WINDS DR  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: GIRGIS, NERMEEN  
Address: 9524 SAVONA WINDS DR.  
City-St-Zip: DELRAY BEACH, FL 33446

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: AMGAD GIRGIS

P

01/05/2006

Electronic Signature of Signing Officer or Director

Date