

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023183

Entity Name: MED-CARE PHARMACY INC.

FILED
Apr 01, 2009
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: VP (X) Change () Addition
Name: GIRGIS, AKRAM
Address: 9512 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 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: AKRAM GIRGIS

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date