FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 17 PM 3:25

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000067017

1. Entity Name
MED-TECH PRIVATE CARE, INC.

500109872825
09/25/07--01012--006 **158.75

Principal Place of Business	Mailing Address
135 NW 100TH AVE PLANTATION, FL 33324	135 NW 100TH AVE PLANTATION, FL 33324

08202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
19345 US Hwy 19 No		19345 US Hwy 19 No	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33764	Country USA	Zip 33764	Country USA

4. FEI Number 65-0937639 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOISVERT, LOUIS W III
135 NW 100 AVE
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent

Name: Robert Fusco
Street Address (P.O. Box Number is Not Acceptable): 19345 US Hwy 19 No.
Suite 500
City: Clearwater FL Zip Code 33764

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] 9/17
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BOLSVERT, LOUIS W III 135 NW 100TH AVE PLANTATION, FL 33324 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Robert Fusco 19345 US Hwy 19 No. Suite 500 Clearwater, FL 33764 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/18/07 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 9/27 727-533-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #