

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000080193

1. Entity Name
MEDICAL CARE CENTERS OF AMERICA, INC.



Principal Place of Business
**3801 CORPOREX PARK DRIVE
SUITE 110A
TAMPA, FL 33619**

Mailing Address
**3801 CORPOREX PARK DRIVE
SUITE 110A
TAMPA, FL 33619**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3592212

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TITUS, KEITH
13006 PRESTWICK DR
RIVERVIEW, FL 33569**

**DO NOT WRITE
IN THIS SPACE**

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, 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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TITUS, KEITH 13006 PRESTWICK DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUBBENA, TROY 2965 MAPLE TRACE DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLANDER, JEFFREY 850 CENTRAL PARKE CIR., APT. #303 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

100000357310
05/04/05-80066-015 150.00

12. 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 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.

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4/29/05 (813) 931-3311