

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000098910

1. Entity Name

MED-CARE DIABETIC & MEDICAL SUPPLIES, INC.



Principal Place of Business

3234 HARRINGTON DRIVE
BOCA RATON, FL 33496

Mailing Address

3234 HARRINGTON DRIVE
BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE



07092008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0953936

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, STEVEN
3234 HARRINGTON DR.
BOCA RATON, FL 33496

**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
Due by September 12, 2008**

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

TITLE PD
NAME SILVERMAN, STEVEN
STREET ADDRESS 3234 HARRINGTON DR.
CITY-ST-ZIP BOCA RATON, FL 33469

TITLE VD
NAME SILVERMAN, LORRI
STREET ADDRESS 3234 HARRINGTON DR.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

000000955774
07/22/08-80006-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/08

Date

800 407 0109

Daytime Phone #